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PHYSIOLOGY.

LECTURES
ON THE
PHYSICAL CONDITIONS
OF THE
TISSUES OF THE HUMAN BODY,
AS APPLIED TO THE EXPLANATION OF
VITAL PHENOMENA.

Delivered at the College of France in 1834.

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LECTURE XVI.

The Two Sounds of the Heart.—Errors of Physiologists, from the time of Laennec, relative to their Causes.—The Position and Character of the Sounds.—The Demonstrations of Bassuel.—Study of the Sounds in Healthy Individuals.—Refutation of Laennec's Opinions.—Dr. Weston's Experiments on Muscular Contraction.—Dr. Turner's Arguments.—Experiments and Opinions of Dr. Hope.——Position of the Heart in the Chest.—The Lecturer's Explanation of its first Sound.

You have seen, Gentlemen, from what has been said, that the different sounds produced in the human body are accompanied by the same circumstances, and depend absolutely on the same causes, as those which arise from inanimate sonorous bodies. The principles which govern the production of sound in these latter were briefly laid down, and we now propose to apply them to the sounds of the heart, and to show in what an easy and simple manner the bruits, as they are termed, of that organ may be explained, by having recourse to certain physical phenomena. In one respect we cannot say that this is a new subject, for you will find in medical works a multitude of remarks on the sounds observed in different organs, and in the heart particularly, but the results have not by any means been proportioned either to the zeal, the talent, or the number of authors who have written on the subject; on the contrary, you will be distracted by contradictions of the most glaring nature, or bewildered between a mass of theories and explanations, which have no existence save in the imagination of the inventors. All these inconveniences and errors have arisen from the neglect of a principle which I have so often inculcated, "Take nothing for granted, when you have an opportunity of submitting its truth or falsehood to the test of experience; and employ the phenomena which pass before your eyes, the properties of tissues which are recognizable by your senses, for the explanation of physiological facts, rather than recur to principles which are unknown, and, for aught we know, without existence."

When you place the ear close to the chest of a man, or a mammiferous animal, you hear a noise evidently proceeding from some body contained within its cavity. This sound is produced by the heart, and, after a little attention, you perceive may be distinguished into two parts, or, rather, you hear two distinct and separate sounds, which physiologists have called the "bruits du cœur." This phenomenon is observable to a practised ear at all times during health; but there are certain forms of disease which develop the action of the heart, and consequently increase the sounds depending on that action, to such a degree, that the most inexperienced may distinguish not only the general fact, but the difference of intensity and tone which characterizes each sound. We may, therefore, assume the proposition, indeed it is one familiar to the whole world, that the interior of the chest produces sounds, or, in other words, gives rise to the development of physical phenomena appreciable by the ear; for, as I showed you in my last lecture, the sounds of the human body are nothing else. We shall begin by speaking of the most simple of the two

sounds attributed to the heart; but before entering on the subject, it will be necessary to examine certain physical conditions of the chest, and of the organs contained in the thoracic cavity, without a knowledge of which you would be unable to understand or appreciate the observations we have to make.

The heart, as I have before said, develops a sound of a peculiar nature, sufficiently intense to have attracted the attention of medical men and physiologists from time immemorial, although their attention was fixed on anything rather than on studying the phenomena in a physical point of view. To be convinced of this, you have only to look over the great work of Laennec. In the course of his observations on diseases of the chest, and on the connexion which exists between certain sounds and the pathological conditions of the organ producing those sounds, it was impossible for him not to have noticed various physical phenomena; this he has done with the greatest accuracy and minuteness, but without seeming to be aware that the phenomena so observed were merely of a physical nature, or without attempting to study them in this point of view, and refer them to the true cause, to the only principle by which we can hope to obtain a satisfactory explanation.

Laennec has perfectly described the character of the sounds produced by the central organ of the circulation. "On placing the ear," says he, "or the stethoscope, between the cartilages of the sixth and fifth sternal ribs, near the bottom of the sternum, or over any other point where the pulsations of the heart are felt, a very distinct bruit is in all cases heard. In the natural state, this bruit is double, and each beat of the pulse corresponds with two successive sounds; the one, sharp and clear, resembling the clack of the valve of a bellows, corresponds with the systole of the auricles; the other, more dull and more prolonged, coincides with the pulse, and with the sensation of shock which denotes the contraction of the ventricles. The sound heard at the inferior part of the sternum belongs to the right side of the heart; that of the left side is heard between the costal cartilages. We hear, then, two sounds, which traverse the thoracic points, and succeed rapidly each other, developing a kind of tic-tac noise, like that produced by the action of a watch or other machine; indeed we know that the heart is merely a mechanical machine, destined to give the first impulse to the blood; and as we have the action of most machines accompanied by a peculiar noise, or bruit, so the heart, in contracting, gives rise to one of a characteristic nature.

If you attend to the places where those two sounds are heard, you will soon be able to localize each, and to perceive that they emanate from distinct points; one is heard at the left side of the chest, between the interval which separates the sixth and seventh ribs, or at the junction of the sixth rib with its cartilage. Here the sound is heavy and dull, the *bruit sourd* of physiologists. The other sound, which is sharper and much more clear (the bruit clair), is found higher up in the chest, and more to the right than the former; it appears to come from behind the sternum, at the junction of its superior and middle thirds. We have now arrived at one step of our investigation; we have been able to localize the two sounds of the heart, not only to show that they are distinct in character, but proceed from different points of the chest; one is heard near the osseous termination of the sixth rib; the other behind the middle of the sternum, a little to the right.

This is an important point to remember, and we shall have occasion to apply it presently, when explaining the causes of each bruit. Having thus established and pointed out the difference of the two sounds, both as to character and locality, let us endeavour to determine the circumstances attending them. The first sound, Gentlemen, the bruit sourd, evidently corresponds with the shock of the heart against the parietes of the chest. In common language, we say, the heart beats, that is, strikes against the ribs, and the vulgar phrase expresses perfectly a fact well known to all medical men; Laennec, therefore, was correct in asserting, that the first sound corresponded with the contraction of the ventricles, and the tendency of the heart forwards from the *redressement* of the arch of the aorta. In this the author of mediate auscultation was perfectly correct; the first sound corresponds with the contraction of the ventricles, and we know that each time the ventricles contract, the totality of the heart is carried suddenly forwards, and the point of the organ strikes against the left lateral parietes of the chest. The cause of this shock or displacement is a different question, and has given rise to a long and animated controversy. Some writers denied the fact altogether, and asserted that the point of the heart approached its base in contracting; others, on the contrary, asserted that the contraction of the heart gave rise to an elongation of the organ, which was necessary to produce the phenomenon, as the point is placed more than an inch from the thoracic parietes

during the dilatation, and could not otherwise strike against the chest.

The falsity of this latter theory was, however, soon demonstrated by Bassuel, who showed, plainly enough, that if the heart became elongated during the contraction, the mitral and tricuspid valves would inevitably be depressed by the tension of the carneæ columnæ, and the auriculo-ventricular openings could not be closed. Let us now turn to the second sound. I have already indicated the point in which it is heard, near the middle of the sternum. It is, thus, you see, removed at some distance from the former; and when you place the ear to the chest, you cannot fail remarking that it is not so accurately fixed or localized as the dull sound, but is diffused over a much greater space. There is, you know, in the heart, an alternation of contraction between the auricles and the ventricles; the auricles contracting while the ventricles dilate, and vice versa. Now as the dull sound was attributed by Laennec to the contraction of the ventricles, so he explained the production of this second or clear sound by the contraction of the auricles; we shall presently see how far this opinion is supported by facts, when we come to explain the causes of each bruit: in the mean time let me observe to you, that it is a matter of much importance to study the sounds of the heart on a perfectly healthy individual. The necessity of observing this rule is manifest: you can only obtain useful ideas on the abnormal sounds, by having a correct notion of the normal, or healthy ones; the latter cannot be obtained unless the circulating organs of the person submitted to your observation be free from all trace of disease. Thus if the heart be hypertrophied, increased in bulk and strength, if it be displaced from its usual position by an effusion of matter within the chest, or by morbid deposits in the substance of the lungs; if the component tissues of the heart itself, or of its valves (and the latter is an affection of much more frequent existence than is generally imagined), be altered in any considerable degree, you will have irregular anormal sounds produced, varying in character according to the nature of the morbid affection on which they depend, and calculated to lead you completely astray if you were to mistake the modifications for original and healthy bruits.

It is also right to make you aware, that the two sounds of which we speak are of a nature not to be transmitted very readily through the medium of the atmosphere to the ear; in fact you will not distinguish them at first very clearly, but with a little patience and practice you will soon hear well enough, especially by placing the ear close upon the chest, and removing all causes of extraneous sound, as the rubbing of the clothes, &c. In some cases the heart beats with extraordinary force, and its pulsations may be heard at a considerable distance from the body, even, it is said, in the neighbouring chamber; but on other occasions the heart acts feebly, the bruits are very indistinct, and you will have much difficulty in recognising them.

Let us now endeavour to ascertain the causes which give rise to sounds of the heart, and commence by examining Laennec's explanation. He attributed the first sound to the contraction of the ventricles, relying mainly on this well-known fact, that the shock of the heart, or, in other words, its systole, is isochronous with the pulse; but not being accustomed to investigate physiological phenomena experimentally, nor holding in view the physical conditions by which they are accompanied, he concluded that because the bruit sound was isochronous with the pulse, it depended on, and was produced by, the muscular contraction of the ventricles. For the same reason, because the "bruit clair or claquement," as he denominates it, corresponds, in point of time, with the contraction of the auricles, he explains the production of this sound by the muscular contraction of the auricles. Laennec having adopted these ideas, published them in his great work on mediate auscultation, and they were soon admitted universally by all physiologists; for, from the tendency in human nature which I have already pointed out to you, all were disposed to adopt readily, and without previous examination, the conclusions of a man of talent whose opinions were looked up to with respect and even admiration; hence this theory was favourably received by the young physicians of Laennec's time, and since them has been repeated or copied by succeeding authors, as a doctrine upon the truth of which there was not a shadow of doubt.

But we, Gentlemen, who have laid it down as our guiding principle not to admit any proposition, no matter how plausible, or by whose name it may be supported, unless we see the proofs of its correctness,—we, who study and seek to find physical explanations of the phenomena before us, cannot be content with simple naked assertions of physiological propositions. Nothing short of proofs, and satisfactory proofs, will content us; the merit, authority, or talent of the assertor, is not sufficient reason for us; we must, I say, have proofs, and without them an opinion is but an opinion, no matter by what great or distinguished man it may be put forth.

In chemistry, in natural philosophy, in almost all the sciences, nothing is admitted without certain proof of its truth; why then should we permit medicine so long to be the victim of theories, or why should those who investigate the laws of life, forget the principles which direct all similar inquiries, and content themselves with embracing the first ingenious theory thrown before them, rather than seek out facts in nature herself, by means of experiment and observation?

The opinion of LAENNEC on the sounds of the heart, their causes, the circumstances under which those sounds are produced, and, if I may use the expression, their localization, or, in other words, the portions of the organ with which each bruit is more directly connected, prevailed for a length of time as the current doctrine in the schools; but at length some doubts began to arise as to the correctness of his explanations, in the minds of reflecting men; it was perceived that various phenomena were in direct contradiction of his theory; experiments were instituted, nature was consulted, and if not the whole truth, at least a part was discovered. You are all, Gentlemen, no doubt, acquainted with the phenomenon depending upon the reflux of venous blood in the jugular veins. I have already, in a former lecture, explained to you how this phenomenon depends in great part on the respiratory movements of the chest. When that cavity dilates, the vein empties itself suddenly; on the contrary, when the parietes of the thorax subside with the expulsion of the air from the pulmonary vesicles, the jugular vein becomes filled with blood, and is manifestly swollen. But this reflux of blood in the jugulars, which HALLER has called the venous pulse, recognises another cause beside the respiratory movement. If you examine with some attention a patient whose neck is thin, you will perceive that a kind of palpitating motion is produced in the vein by the contractions of the auricle; hence, by a very natural train of reasoning, some young physicians were induced to seek whether the venous pulse (which, remember, depends on the contraction of the auricle) coincided with the second bruit of the heart, and they found there was no connexion whatever between them; here you have a fact sufficient at once to overthrow a part of LAENNEC's theory; he attributed the second bruit to the contraction of the auricles; were this true, it should coincide with the reflux of blood in the jugular veins depending on the contraction of the auricles; but experience has shown that this is not the case. Besides, if you examine attentively the bruits of the heart, by placing your ear on the stethoscope in contact with the parietes of the chest, you will have little difficulty in convincing yourselves that the sounds produced by the organ are altogether independent of the auricles; in fact, the action of these latter cavities is very feeble and insignificant.

LAENNEC himself seems to have had some foresight of the objections which might be advanced against his theory, for he soon modified his first opinion, and attributed the second bruit to the contraction of the appendix auricularis; but this was a mere shifting of the difficulty, and gave no explanation whatever of the way in which the appendix could produce a bruit. This portion of the auricle is, as you know, nothing but a bundle of muscular fibres, crowning its apex, and arranged in a peculiar manner. Now we can perceive nothing in the structure of the appendix, its mode of action, or its position, by which we can comprehend the production of sound by that body; nor can we for a moment admit with LAENNEC and some of his followers that the contraction of muscular fibres, independent of all other circumstances, may give rise to the phenomena of sound. It is easy enough to assert this latter proposition, but where are the proofs of its truth? On the contrary, we know that other muscles, when they contract, do not produce the least noise whatever: move your arm, your leg, or any other part of your body, and you will have an immediate refutation of the second theory of LAENNEC. Indeed, were the other muscles to produce sound bearing the same proportion to the strength of their contractions that the second bruit of the heart does to the muscular action of the auricle, you would have a pretty confusion of noises issuing from all points of the body. Moreover, the question has been satisfactorily decided by experiment. Dr. WESTON has made various experiments upon muscular contraction, and it results from what he has observed, that if you place the ear in contact with a muscle in the act of contracting, you hear a peculiar sound, or bruit de frottement, which results from the rubbing of one portion of the muscle against another, or, perhaps, from the oscillation of the elementary muscular fibres; but the sound thus generated in the interior of the muscle is excessively feeble, and never propagated through the external air; indeed, in most cases, the bruit requires to be artificially augmented, to be heard at all. Dr. WESTON likened the sound which he thus discovered, to that dull low sound which arises from the rolling of a carriage at a distance, a bruit which certainly bears no

resemblance whatever to any sound developed by the heart in a normal state. It follows, then, Gentlemen, from the few remarks which I have just made, that we cannot regard the sounds of the heart as resulting from simple muscular contraction of the auricles, or even of the ventricles, because the contraction of the muscular fibre gives a sound inaudible to the naked ear, and presenting a character widely different from the bruits produced by the central organ of the circulation.

It was Professor TURNER who gave the first blow to the hypothesis of the French physician, by arguments drawn from an attentive examination of the venous pulse in the jugulars: you will find his memoir in the third volume of the Transactions of the Medico-Chirurgical Society of Edinburgh. In 1830, Dr. HOPE of London made various experiments on animals, with a view of determining the question before us; he laid open the cavity of the thorax in living quadrupeds, and examined the pulsations of the heart in situ; the experiments of Dr. HOPE seem to have been made with great care and accuracy, and it results from them,

1st. That the contraction of the auricles precedes the first bruit of the heart.

2nd. That this contraction does not give rise to the development of any sound whatever.

3rd. That the second bruit of the heart coincides with the dilatation of the ventricles.

The facts which Dr. HOPE has established are certain, but let us see how he would explain according to them the sounds of the heart. He says that on the dilatation, the various parts of the heart which were before in a state of contraction, are placed in a condition favourable for vibrating, and that the bruit is produced in that manner; the production of sound is, also, according to him, aided by the sudden shock of the blood against the parietes of the ventricle, when that part of the organ dilates and attracts the blood into its cavity.

But this explanation of Dr. HOPE, drawn simply from his imagination, falls with the theory which he had overthrown; and for the same reason; because it is supported by no kind of proof whatever.

Since the publication of Dr. HOPE's work on the diseases of the heart, various other theories have been in turn proposed and abandoned; thus some would attribute the sounds of the heart to the manner in which the blood strikes against the sigmoid valves, or the pulmonary artery, giving rise to a species of vibration or ebranlement: others to the shock of the blood during the dilatation of the different cavities; others, finally (as for example M. ROUANET), to the shock of the blood, in one case against the mitral and tricuspid valves, in the other against the sigmoid valves of the aorta and pulmonary artery. Need I remind you, Gentlemen, that these and various other hypotheses of the same kind are mere assertions, unsupported by any experiments on animals, or observations on the human body, and as such are rejected by us, whatever respect we may have for their authors individually. It is not by inventing explanations for that which seems difficult, or by adopting without consideration the fancies of others, that we can hope to advance the science of physiology in any one particular. No, Gentlemen, if you wish to form a just idea of the mechanism of the sounds of the heart, you must commence by informing yourselves thoroughly of the anatomy of the organ, and its relation to and connexion with the surrounding parts: you should study carefully the exact position of the heart, the volume, relative consistence and form of each of its component parts, and particularly the relation of each of its cavities to the surrounding hard and soft parts. From the anatomy you should pass to its physiology, and from this latter to its pathological states, which give many useful and important indications; for to form a correct theory of the sounds of the heart, it is not enough to examine the organ during a state of health; you must study the various phenomena resulting from its pathological conditions; you must contemplate the heart at one time beating with the greatest intensity, at another presenting no trace of pulsation, with a complete absence of sound; in a word, you must render yourselves masters of its anatomy, physiology, and pathology, after which you may proceed, with some hope of success, to render an account of the physical conditions under which sound is there produced.

The pulsations of the heart are, as I have just said, in some cases violent, in others not at all perceptible; but in a third series of cases you may have one bruit disappearing, while the other sustains its normal character, and vice versa. I had, not long ago, an example of this anomaly at the Hotel Dieu, and we must account for it, together with various other modifications which occur in the course of disease, or our theory must be abandoned as imperfect.

You all, I presume, have correct notions of the manner in which the heart is placed in the cavity of the thorax; how it is attached above to the great vessels, and below to the central tendon of the diaphragm by means of its fibrous envelope the pericardium: I would also remind you,

that in the normal state the heart is always placed at a certain distance from the sternum and ribs in front, and from the dorsal parietes of the chest behind, which gives it a free liberty of approaching to or retiring from the sternum: on either side, the soft parts which compose the lungs, separate the organ from the lateral parietes of the chest, and at the same time yield sufficiently to permit a very extensive displacement in those directions. Thus while every provision is made for allowing free motion to the heart in a healthy state, it preserves certain relations of position, which you should always bear in mind when studying the bruits of the circulating system. It follows, as a natural consequence, from the manner in which the heart is, as it were, freely suspended in the centre of the chest, that this organ should often present us with examples of displacement resulting from the action of morbid causes; in fact, during the progress of ascites, or in empyema, where a large quantity of fluid is collected in one side of the chest, you will hear the sound of the heart at a greater or less distance from the natural place, according to the extent of the effusion; and this symptom may lead you to suspect that the normal position of the heart has been altered by the operation of some mechanical cause.

In many diseases, then, we have a permanent displacement of the heart; but besides these, during health, the heart at each instant changes place within certain limits. You all, I should think, know what is meant when we say that the heart "beats;" you know that in its different movements the heart approaches to the parietes of the chest and then retires; when the organ enlarges to admit the blood coming from the venous and pulmonary systems of bloodvessels, it retires towards the back of the chest, in order to have more room, to be more free: on the contrary, when the ventricles contract and expel the blood which they have just received, the heart again changes place, and comes forward to strike against the anterior wall of the chest.

Now, reflect for a moment on the nature of the obstacle which it meets, and against which it shocks, at each contraction. The thorax is a cavity in great measure osseous, composed of bone, cartilage, and muscles, which vibrate with great readiness; it is, therefore, constructed in a manner calculated to develop and transmit sound with the utmost facility; indeed the chest may even become itself an instrument of sound which is propagated to it along the tracheal artery and bronchi. In many diseases, when you place the ear on the surface of the chest, you hear the voice issue, as it were immediately from the point below your ear, and you may convince yourselves in a moment that, considered as a medium for the transmission of sound, it is very resonant. This is seen when you place any solid body, as a plate of ivory (or you may perform the experiment simply with the fingers), in contact with the chest, and exercise gentle percussion with the fingers; every time you strike, the thorax emits a clear distinct sound. If you only bear in mind what I said in a former lecture on the physical conditions necessary for the development of sound, you will perceive that the great part of these conditions is united in the thorax, which, consequently, becomes proper for the transmission of bruits occurring in its interior, and that whenever a solid body strikes against its surface we must have a sound produced in proportion to the intensity of the shock.

This, Gentlemen, is a very simple theory, and, to my mind, gives us a satisfactory explanation of the different bruits of the heart; according to it, the first sound arises from the circumstance of the heart striking with its point against the anterior parietes of the chest; it suddenly shocks against a sonorous body, and must necessarily give rise to the production of a sound, unless it can be shown that the laws of physics here suffer some very extraordinary exception. In the common contraction of the heart, such as takes place during health, the sound produced by the shock just alluded to is not very plainly pronounced, but if you place the stethoscope on the chest in some patients, especially those who labour under the disease called active hypertrophy of the ventricles, you will see the end of the instrument raised up by each shock, at the same time that a loud bruit is developed.

Again; remark that the position of the heart varies according as the individual examined by you may assume an upright or a recumbent posture, and as a practical deduction remember that in the first case the sound of the heart will be heard more readily and distinctly, for the simple reason that the organ is nearer to the sonorous body against which it is to strike.

It has often been noticed by others, and it must have occasionally fallen under your own observation, that sometimes, while the patient is in full enjoyment of health, exhibiting no symptom whatever of derangement in the circulating system, you barely hear a feeble sound on placing the ear over the region of the heart, or the bruit may be altogether inaudible. How are we to account, Gentlemen, for this curious phenomenon? It is

only to be explained by the theory which I have laid before you. Whenever the point of the heart is separated from the parietes of the chest, either by an accidental circumstance, as the anormal position of a portion of the lung, or in consequence of a morbid product, as in cases of empyema, effusion of water, &c., you cannot have any sound, because the shock of the heart is deadened, or prevented from taking place, by the foreign substance thus interposed.

I have frequently seen examples of the anatomical variety in the position of the lung just referred to: a prolongation of the left lung covered the apex of the heart and thus masked its shock; instead of striking against a hard sonorous body, the point pressed, rather than struck, against the soft yielding portion of lung, which in this way completely prevented the development of its usual bruit.

So far, Gentlemen, with our explanation of the first sound of the heart; you see how far it differs from that given by LAENNEC, and how we have supported it by physical reasoning alone, laying aside all conjecture and theory, as means unworthy of the science which occupies our attention. It is too late to-day to pass to the second bruit of the heart, let me therefore recall to your mind that the first sound of the heart is occasioned by the shock of the organ against the side of the chest, a circumstance which perfectly explains why we hear the bruit in a particular point, and why, generally speaking, it is circumscribed within a particular space. During contraction of the ventricles, the heart approaches the parietes of the chest; it then retires as it dilates, and you are not to consider this dilatation as slow and gradual; on the contrary, it takes place rapidly, from the sudden rush of blood admitted through the auriculo-ventricular openings. This you will have an opportunity of seeing in living animals, especially in birds, which we shall select for the purpose; you will witness the rapid dilatation of the organ, and the manner in which it produces sound at that time by striking against the posterior surface of the sternum. The whole of the anterior surface of the heart strikes against that part of the chest, and contributes to the production of the second bruit.

These sounds, Gentlemen, have been observed and commented upon by other physiologists before me, but they have not, I may assert, been explained in a sufficient manner, while they have all overlooked the essential point of our theory, viz., the sounds being the result of the manner in which the heart *strikes* against the chest during its contraction and dilatation. I propose to demonstrate these two propositions by experiments upon living animals, and by facts drawn from pathology. In our next lecture we shall commence by showing you the heart in situ in the living body, and by a series of proofs which I hope you will find satisfactory.

CLINICAL MEDICINE.

LECTURES

DELIVERED AT THE

NORTH LONDON HOSPITAL,

BY

A. T. THOMSON, M.D.,

Physician to the Hospital, and Professor of Materia Medica in the University of London.

LECTURE VIII.

PHTHISIS WITH HÆMOPTYSIS.—*Arrest of Phthisis.—Treatment with the Hydriodate of Iron, and Mercurials with Narcotics.*

Post-mortem Appearances.—The event which I prognosticated, in my last lecture, as likely soon to terminate the case of Hugh Hannay (vide page 601) has taken place. He died on the morning of the 19th; and the post-mortem examination of the body confirmed the diagnosis which the stethoscope had authorized me to pronounce. A large cavity, capable of holding half a pint of pus, formed of several cysts which had run into one, and involved some small vessels, still pervious, in the ulcerative process, existed in the superior lobe of the right lung; and a smaller one, not exceeding the size of a walnut, was also present in the left lung. The large excavation contained a considerable quantity of purulent matter, resembling in colour the lees of port-wine, owing to the admixture of blood. The whole of the lungs was filled with granular tubercles, in various degrees of progress; and the surface, except that of the lower lobes, was studded with small, black, slightly-elevated spots,—the result, as in Hodgson's case (p. 578), of the compression of granular tubercles on the minute capillaries. It differed, however, from Hodgson's, in displaying more of the usual punctiform appearance of those spots on the serous surface of the organ, which, you will recollect, in that instance exhibited the melanotic deposit, forming rings or

areolæ round each tubercle. Some of them displayed the stellated appearance described by Dr. CARSWELL. The bronchial tubes throughout showed the remains of chronic inflammation, but no tuberculous deposits were perceived in them or in the trachea. The heart was apparently natural; but, on dividing it transversely, near the apex, a quantity of matter, exactly similar in appearance to that contained in the cavity of the lungs, issued from what was at first supposed to be an abscess in the substance of the organ, extending to the apex; but which, on closer examination, Dr. CARSWELL, who was present, discovered to be a kind of false cavity, formed by a firm coagulum, interwoven with the columnæ carneæ. As there was no doubt of the correctness of this opinion, the appearance of the purulent bloody fluid that issued from it is involved in obscurity.

The only remarks which I have to make on this case, one of too many of the same disease which have come into the hospital to breathe their last, are with reference to the hemorrhage which preceded its fatal termination. There are two distinct causes of hemorrhage from the lungs in phthisis: one which occurs early, from *partial* congestions, occupying portions of the lungs at a distance from the large veins, in which case the hemorrhage occurs from the mucous membrane of the bronchi and bronchial cells, and which, from the relief it affords to the respiration, might almost be regarded as an effort of nature to resolve the congestive state of the organ. Congestions of the lungs may arise from any circumstance which, by disturbing the balance of the circulation, throws an inordinate quantity of blood upon those organs, and produces in them a local plethora. The question, whether this precedes or follows the development of tubercles in the phthisically predisposed, is a question still undecided. I confess I lean to the opinion of ANDRAL and others, that it may precede them, although not their actual origin. Another cause of hemorrhage from phthisical lungs is, generally, a communication being formed between some, pervious vessel and a tuberculous excavation, as in the case before us. These are hollowed out in the lungs, and are often wholly or partially filled with coagulated blood; but more frequently, as in our patient, there is only pus tinged with blood. This cause of pulmonary hemorrhage, although almost sooner or later fatal, yet is less frequent than the former, owing to the fact that the vessels which traverse these excavations are usually obliterated long before the ulcerative process, which forms the cavity, has commenced; and, consequently, they are not pervious. Sometimes, however, when the inflammation pervading the pulmonary tissue is of a very acute kind, this provision of nature to prevent hemorrhage does not take place. It is a curious fact, that the death of the individual, in such cases, oftener arises from the extreme prostration which follows this form of hæmoptysis, some days after it occurs, than from the immediate loss of blood. In the cavity in the lungs of our patient there was much of the appearance of what is termed gangrene of the lungs, in which hemorrhage is by no means unusual; but the poor man did not display one of the features of this disease, viz., fetid breath, and expectoration. In gangrene of the lungs, also, death more commonly occurs from the loss of blood, which is profuse, than from the prostration which follows it.

But observations, Gentlemen, are of little value, unless we can derive from them some practical guides for the treatment of future cases of disease. Now the view of the unfortunate case which we have lately examined affords us no practical information farther than confirming our confidence in the aid of auscultation, in forming our diagnosis, and the evident truth, that we ought, if possible, to prevent the disease from running on to that point in which it is no longer remediable. Then the question presents itself, How is this to be done? This query is not easily answered. But, at the same time, if we take Nature for our guide, and remark the relief which she affords by the hemorrhage that occurs in the early or simply congestive stage of the disease, we may imitate her example by adopting such means as shall prevent subsequent venous congestion, and, at the same time, invigorate the general habit, and promote, in particular, the action of the capillary system. This effort, however, would be of little value were we to wait until hæmoptysis occurs, and points out the existence of such a state of congestion. What we have to do is, if possible, to prevent that condition of the system, by acquiring so much knowledge of the earliest appearances of the tuberculous constitution as shall enable us to propose such a course of physical as well as moral education, and of occupation, as shall prevent its advancement; or, if it have proceeded to some length before our opinion is requested, to take such means as shall be likely to arrest its progress. The first of these indications can only be fulfilled by carefully studying what is termed the tuberculous constitution, and guarding parents and patients against exposing their

children or themselves to those exciting causes which affect such constitutions, although they scarcely influence a healthy system, namely, improper dress, defect of cleanliness, bad air, confined residence, want of exercise, education too much pushed, sedentary occupations, and the abuse of spirits or wine. It would be out of place here to enter into the details which are connected with these subjects. It is sufficient for me to direct your attention to them; and you will be forcibly struck with its importance in observing, that both in this hospital and in every other, most of the victims to phthisis are under thirty years of age: and I will venture to affirm, that by a timely attention to the early indications of tuberculous cachexia, a large proportion of these might have been cured.

In fulfilling the second indication to which I have directed your attention, I should recommend the plan of Morton, Dovar, Mead, and some others; that is, to bleed to the extent of from four to six, and occasionally to eight ounces, at short intervals, namely, at the distance of four or five days; but, instead of opening a vein, as they did, to abstract the blood by cupping upon the chest and between the shoulders, I prefer the cupping, merely from the experience which I have had of the greater advantage of local over general bleeding, in relieving both congestion and inflammatory action in the lungs; and I prefer it to the application of leeches, because it is a more effectual mode of abstracting the blood, and the quantity taken can be more correctly ascertained. But simply to diminish congestion would be of little avail, were we incapable of maintaining the tone of the unloaded vessels, and stimulating the capillaries to a renewed and more salutary action. The question is with respect to the means of accomplishing this. The experience of several eminent physicians in favour of *iodine* might lead us to place some confidence upon that remedy as an alterative; but I am of opinion, that if any beneficial results follow the employment of iodine in incipient phthisis, they must arise from its influence on the nutritive function; and, consequently, that whatever can improve its action in this respect must add to its value. Now in a disease in which debility is one of the most characteristic features, nothing is more likely to fulfil this intention than a tonic; and experience has informed us, that this class of remedies is as useful and as decidedly indicated in the early as in the advanced stages of phthisis. But, in making this remark, I must observe, that it is only when the face and surface of the body (from their pale, exsanguine aspect), and the pulse (from its weak beat), demonstrate that the circulation is defective in power, and that the muscular energy is low. When the tongue is clean, and rather pale than red, showing that the stomach is free from irritation, with those other symptoms, then I would venture to employ iodine and tonics. Happily we have now a remedy which combines the two properties of a tonic and gently stimulant alterative in a remarkable degree, namely, the *hydriodate of iron*, the value of which in strumous diseases, and defective states of the vital energy, has been amply ascertained; and, I would recommend to you, Gentlemen, to give it a fair trial in this unmanageable complaint, whilst it is yet in our power, by relieving congestions and improving the general health, to prevent the deposition of tuberculous matter. It is not, however, necessary to look merely at pulmonary congestion; we must observe it in the entire portal system, and by removing this, we not only promote the functions of the whole abdominal viscera, but, by allaying irritation and giving tone there, induce a more salutary action of the cutaneous circulation; and, also, of that through the lungs.

It is upon these principles that I have commenced the treatment of the youngest of the *Jarvises*, who was admitted on the 6th instant; and to whose case I slightly referred in my last lecture. (Vide p. 682.) This young man complained of dyspnœa and cough, accompanied with pain and tightness across the chest, increased on taking a deep inspiration. He expectorated a considerable quantity of frothy mucus; but, as yet, it is free from softened tuberculous concretions; his appetite is good, his bowels are regular, his urine is not high-coloured, and is in sufficient quantity; and although his tongue was rather red when he was admitted, yet it did not display that high colour, or glazed appearance, which would deter me from ordering any medicine that would augment visceral irritation, and, more especially, chalybeates, after allaying any existing inflammatory action by depletion. I ought, also, to mention, that the voice was hoarse, which he attributed to a recent cold. His nails are much less curved than those of his brothers; and, indeed, every symptom indicated a less advanced stage of the disease than exists in the other two. On examining the chest, both sides seemed to be equally raised; the sound elicited by percussion was not clearer, nor was it particularly duller than natural, even in the clavicular regions, except in a limited space on the

left side, which, although it indicated the existence of tubercles, did not lead me to suspect that they were in such numbers as to coalesce much, and obstruct the passage of the air to the bronchial cells. The stethoscope, indeed, afforded a very obscure respiratory murmur, which was somewhat bronchial; so that I was inclined to suspect, that although tubercles were present, yet that the disease was still in that stage in which something might be done to arrest its progress. On the 9th, the patient was ordered to be cupped on the chest to the extent of ʒviij, and f.ʒss of the *Solution of Muriate of Morphine*, which contains gr.ss of the solid salt, was directed to be taken at bedtime. He was allowed full diet. On the 10th, he stated that the tightness of the chest was somewhat relieved by the cupping, and the hoarseness was particularly so; but the cough continued unabated. The cupping was repeated to ʒvij, and he was ordered to continue his muriate of morphia, and two spoonfuls of the following mixture every third hour:—

℞ *Antimonii et Potassæ Tartratis*, gr. vj;
Aquæ Distillatæ f.ʒvij;
Acaciæ Mucilaginis f.ʒj. M.

On the 12th he was again cupped, to ʒvj; and he continued the use of the same medicines until the 15th, when, conceiving that any inflammatory symptoms were sufficiently subdued, and the redness of the tongue having subsided, I determined to commence the use of the *Hydriodate of Iron*, f.ʒj of the solution of which, equal to gr. iij of the ioduret, was ordered to be taken twice a day; with a pill containing gr. $\frac{1}{12}$ of the *Biniodide of Mercury*, and gr. iij of *Extract of Conium*, every eight hours. The trunk of his body was directed to be sponged with tepid salt and water every morning, whilst his lower extremities remained warm in bed; and the cupping to be performed only twice a week. This plan of treatment is proceeding; the report yesterday was, "Better in general;" but, as he complained still of some pain across the chest, a blister was ordered to be applied on the pained part. It may be asked why I prescribed the biniodide of mercury, when the general opinion is adverse to the administration of mercurials in the tuberculous diathesis. My object is to improve as much as possible the nutritive function, and I conceive that minute doses of mercurials, combined with narcotics, are well calculated to effect that. Dr. Clarke is of opinion, that mercury in phthisis should always be followed by an aperient; but my experience is against the employment of purgatives in any stage of phthisis; on the contrary, the opposite condition is less worthy to be dreaded, especially where there is the smallest tendency to an irritable or inflammatory condition of the mucous coat of the alimentary canal. In the internal administration of vinegar, a mode of treating phthisis on the coast of Barbary, which is reported to prove frequently successful, the Moorish physicians never regard their patients as safe until costiveness is induced. The object of the sponging is to aid the tonic influence of the hydriodate, and to diminish the susceptibility of the surface to the impression of cold, and those alternations of temperature which cannot be avoided in our variable climate.

Such, Gentlemen, is the plan which I mean to pursue with this patient, and to the effects of which I have to solicit your earnest attention. As I have already said, we are overpowered with such cases; and the greater number is in that advanced period of the disease, in which it is almost hopeless to employ even palliatives; but when a case, with a single beam of hope upon it, presents itself, we are bound in duty to vary the treatment of the disease in every way that can authorize us to form any rational expectation of amendment, even although tubercles are already in a state of softening, as in the instance now before us.

ANOMALOUS AFFECTION OF A NEURALGIC CHARACTER.

I have again, Gentlemen, to bring under your notice the case of Ellen Langridge, which has been with us since the 21st of November (vide page 487), and has excited much interest. At first the disease presented all the characters of congestive cephalalgia, and was treated as such with reference also to the general habit of the patient, which was evidently hysterical. She was treated till the 4th of December altogether on the antiphlogistic plan, both local and general; namely, with saline purgatives, calomel, tartar emetic, and cupping; the head was shaved, and kept covered with an evaporating lotion, and anodynes were administered at bed-time to procure rest, which she rarely enjoyed. Under this plan little permanent relief was obtained; for a day or two she would feel better, and again the symptoms would return with all their original severity. At length a considerable degree of tenderness was felt over one half of the body, including the head; and the original pain recurring at stated intervals, I was willing to try the effect of tonics, and ordered f.ʒij *of the Decoction of Bark*, to be taken three times a day, with a pill at bed-time, containing gr. j *of Calomel*, gr. iij *of James's Powder*, and

gr. j *of Opium*. No advantage was derived from this change; on the contrary, on the 8th of December, four days after it was commenced, the pain was increased; the eye became impatient of light, yet the pulse sank, and the gums indicated the influence of mercurial action on the system. The bark and calomel were, therefore, discontinued, and she was again ordered to take gr. j of *Tartar Emetic* in solution every fourth hour. She improved under this treatment, which was continued till the 15th of December, when the pain of the head, and the tenderness of the left half of the body, returned with their pristine severity. There was, however, a regular remission of pain, and an exacerbation of all the symptoms, daily about three or four o'clock; the tongue was clean, and the bowels were regular. I was at that time ill, and did not see the patient for some days; but Mr. TAYLOR, the house-apothecary, reasoning upon an appearance which now presented itself in the scalp of the forehead—namely a slight degree of puffiness over the orbit, and so much tenderness that exquisite pain was experienced in passing the point of the finger gently over the part, ordered her ʒij of an electuary of *Carbonate of Iron*, to be taken three times a day. I saw her two days afterwards, and finding that she had improved under the use of the carbonate of iron, I continued it, changing only the mode of its administration, so as to obtain the full benefit of the carbonate, by giving it at the moment it was made. She was directed to take gr. v of *Proto-Sulphate of Iron* dissolved in f.ʒj of distilled water, immediately after the solution was mixed with a solution of ʒss of *Carbonate of Soda* in f.ʒj of water. By this mode of administering the carbonate, we can not only regulate the exact quantity to be swallowed, but it is taken into the stomach in a form which at once enables it to be received into the circulation, and to produce its specific influence on the nervous system; whereas the ordinary preparation does not contain more than from four to ten per cent. of the carbonate, mingled with inert insoluble peroxide of iron. She has certainly benefited under this medicine, but, nevertheless, the tenderness still continues in the head, and there also exists some puffiness of the forehead and the scalp of the left side of the head. The general pain of the surface has however abated. During the use of the carbonate of iron, the dose of which is now double that which she took at first, she has been several times cupped behind the ear, and has always benefited. On the 9th of January the pain increased greatly after the abstraction of two carious teeth, which were thought to be exciting causes; nevertheless she improved generally, and the eye lost altogether its impatience of light. She has still bad nights, and is now taking gr. v of the *Extract of Hyoscyamus*, and gr. vij of *Camphor* daily at bedtime.

Gentlemen, this is one of those anomalous cases which may, in some degree, be regarded as neuralgic, yet differing in several particulars from the usual attacks of neuralgia. Although the pain is now confined nearly to the first and second branches of the fifth pair of nerves, yet, from the extension of the tenderness to the whole of the left side of the body, we may infer that the affection was not confined to the chords or twigs of any set of nerves, but originated in the nervous centres. The difficulty is to account for its confinement to one side, yet we find that this circumstance presents itself in some other cases in which we cannot refer it to any lesion causing pressure in the brain, such as occurs in hemiplegia. I knew a gentleman, who, when perspiration was excited, whether by exercise, by disease, or by medicines, perspired on one half of his body only. These are conditions of the system which we cannot explain, and on which morbid anatomy has hitherto shed no light. I have seen cases, evidently neuralgic, in which the pain extended down to the shoulders, and along the arm to the fingers of the affected side; but I have never before observed so general a diffusion of nervous susceptibility, except in cases of hydrophobia, as in the instance before us. It is difficult to say in what state the nerves are in this woman; we know that when inflammation is set up in a nerve from any cause, there is great pain; but in so extended a degree of pain, and from its confinement to one side of the body, we cannot reasonably refer it to that cause: it resembles in some respects the pain which occurs in paralysis of the motor nerves, when the power of volition only is lost in the affected side. In one respect the present attack resembles rheumatism rather than neuralgia; the pained side of the head is slightly swollen, hot, tender, and suffused with a blush of red; and although there is no decided intermission, yet there is a remission and an exacerbation of pain, the former taking place in the morning, and the latter occurring in the evening. I have occasionally thought that the whole of the symptoms might be referred to the hysterical diathesis, which is well marked in this female. We sometimes find in hysteria that the greater part of the surface of the body becomes very tender, and cannot bear the least pressure; but in such cases

little or no pain is experienced when the parts are not touched nor compressed; whereas, in the case before us, the pain and tenderness are not only augmented by pressure, but they exist independent of it. In regarding the symptoms as indicating inflammatory action, I should feel disposed to return again to the antiphlogistic treatment, but the previous increase of the symptoms under it make me hesitate. I believe it may be preferable to continue the mixed treatment now pursued—namely, to cup once in two or three days, to regulate the bowels, and to lessen the susceptibility of impression, by tonics, varied occasionally, and narcotics and sedatives, both internallya dministered and topically applied. I shall have occasion again to direct your attention to this case.

CLINICAL SURGERY.

LECTURES

DELIVERED AT THE

NORTH LONDON HOSPITAL,

BY

ROBERT LISTON, Esq.,

Surgeon to the Hospital, and Professor of Clinical Surgery in the University of London.

LECTURE V.

FORMATION OF HEMORRHOIDAL TUMOURS.

In my last lecture, Gentlemen, I prepared you in some measure for what you might expect upon an anatomical examination of hemorrhoidal tumours and of prolapsus. You will uniformly find the smaller branches of the veins dilated, and forming tumours covered by the mucous membrane, skin, or intermediate tissue, ranging in size from a large pin's head to that of a bean. The appearances are beautifully represented in these drawings by Professor CARSWELL, and in this copy of his very valuable and useful engravings. In some of these tumours you find a small mass of coagulum of very firm consistence, dark in the centre, and losing its colour towards the circumference, contained in a dense cyst. This cyst is sometimes found polished on the inner surface. Occasionally the coagulum is contained in, and in some measure adherent to, a condensed membrane, more or less cellular. Around this central mass is found arranged a vascular tissue, similar to that surrounding the vagina. This, of course, when examined in the dead body, or in tumours removed by operation, you must expect to find in a flaccid and collapsed state. The coagulum has been formed in one of the over-distended branches of a vein; the coats of the vein have been inflamed and thickened, and the diseased part has been separated, as it were, from the circulating system. This often happens in the lower extremity, as I have had occasion to mention in the wards in remarking upon some cases of inflamed varix, and which I shall hereafter speak of more fully.

In this jar is a coagulum exactly similar to, though of rather a larger size than, those usually met with at the extremity of the bowel. It was dissected out from amongst a plexus of varicose veins on the inside of an old lady's knee. The integument had got fretted over it, and it gave great inconvenience in consequence. It had been formed as I have already described, and the part of the vessel containing it had become altered in texture, and no longer admitted fluid blood. This other is a preparation of a large plexus of varicose veins from the same situation, gorged with coagulum, and changed through inflammatory action. This I was obliged to remove from a post-boy, as it unfitted him for his employment. Or, again, coagulation has taken place in a plexus of small venous branches, or blood may be found extravasated by the giving way of the coats of one branch of a vein, or by exudation from arterial capillaries into the cellular tissue. The size of the cavity may vary from the size of a pea to that capable of containing a drachm or two of fluid. That tumours are formed in one or all of these different ways in these parts in the same individual, may be inferred from accurate investigation. Some writers (and I believe I have looked into the majority of them on this subject, both ancient and modern) support the doctrine that hemorrhoidal tumours arise from dilatation of the veins; others look upon them as extravasations and adventitious formations or vascular growths. The truth you will find lies between the two opinions. This I have convinced myself of by careful dissection in not a few instances.

EXTERNAL WHITE PILES AND CONDYLOMATA.

We have still to look to the internal structure and formation of those external white piles and condylomata, the fici, marisci, and cristæ, (tumours likened to figs, —large unsavoury figs and coxcombs), of the fathers of surgery.

Some of these swellings have their origin in an infiltrated state of the cellular

tissue, the result of obstructed circulation and excited action of the capillaries. They are covered by the common integument, and their consistence depends upon their duration, the degree of action, and the nature of the deposit. In some the tissue is loose, filled with serum, and permeated by large venous branches; in others the tissue is dense, white, homogeneous, and less vascular. Their form varies according to circumstances; those developed anterior to the anus, by swelling of the extremity of the raphe, are elevated, sharp, and ragged on the edge, often inflamed and excoriated, and hence denominated cristæ. Here are tumours of this kind removed from a patient who has been admitted since I had last the pleasure of meeting you. I may read her case and the reports from the hospital book:

"A. S., æt. 39, admitted January 17th. The appearance of the patient indicates extreme general bad health; she is much emaciated, and complains greatly of debility. The verge of the anus is surrounded by condylomata of considerable size; they are firm and pale, and are productive of very great annoyance from the pain excited during the evacuation of the bowels and by motion; there is considerable mucous and occasional bloody discharge from the rectum; the bowels are very irregular, and she is much troubled with tenesmus; the catamenia have been absent for two years; pulse 86, rather weak; tongue white, moist; skin cool; complains much of pain and weakness of the loins.

"She has been in bad health for the last two years, subsequently to a miscarriage produced by violence. Her present complaints commenced about two years ago, and are ascribed by her to cold, by which the catamenia were checked, the bowels being at the same time very irregular. St. haust. *Ol. Ricini.*

"18. Bowels freely moved by the oil; the tumours were removed by means of the vulsellum and the curved scissars; immediately afterwards a draught containing *Sol. Mur. Morph.* gtts. xxx was given, and ordered to be repeated in the evening.

"19. A very little blood only was lost after the operation yesterday; she slept well last night and to-day; she feels easy; bowels not moved. St. haust. h. somni.

"20. Continues much the same as yesterday.

"22. Continues pretty easy; bowels not moved since the operation. St. stm. haust. *Ol. Ricini.*"

You will observe that the sections of these tumours correspond with the account I have given of their structure. But many of those growths are new formations from the cutaneous or intermediate tissues,—warty excrescences often attaining a large size. Such tumours are productive of great uneasiness and suffering, the more especially if they are acted upon by the sphincter, as in the following case:—

"A. – J.— æt. 31. Complains much of pain at the lower part of the rectum, which is much aggravated by exertion of any kind, and more especially after evacuation of the bowels. There is a copious purulent discharge by the anus, which is occasionally mixed with blood. On the right side of the verge there is situated a tumour of considerable size, part of which only appears through the sphincter, and from which at all times she suffers great annoyance. Her general health is much impaired; she is pale, and has lost flesh: she is unable from debility to follow her occupation as a servant. She states that for some time past her bowels have been habitually constipated; that about twelve months ago she began to complain of pain, and shortly afterwards small quantities of blood were discharged. A swelling appeared, which discharged a small quantity of pus: since then purulent matter mixed with blood has continued to flow, and the pain has never abated. The tumour has only appeared externally within the last three months. She was under treatment previous to admission into the hospital; has taken much medicine, and has been freely leeched.

"Dec. 7th. The tumour, warty on the surface, about the size of a walnut, and adhering by a pretty thick neck, was removed yesterday. It was seized, the nates being fully separated, with a vulsellum, pulled completely from within the sphincter, by which it was embraced, and removed by one cut with a pair of long, flat, curved scissars." The tumour in question was broken up a good deal in its removal; it was not preserved; here is exactly a similar tumour in all respects: my collection, you may have observed, contains few if any duplicates. The bowels had been previously completely emptied by some doses of castor oil, and she was ordered a draught containing thirty drops of the muriate of morphia, and to have it repeated frequently. She was put upon a spare diet, and confined to bed.

"10th. The bowels have only this morning been emptied by internal medicine, assisted by emollient enemata. There is still copious purulent discharge.

"14th. The purulent discharge is somewhat diminished; the pain is still severely felt when the muscles are put in action. The bleeding has ceased. On introducing the finger, an ulcerated cavity can be felt about an inch within the verge of the

anus. This was exposed by the use of the folding speculum, and the surface, which looked irritable, touched over lightly with the nitrate of silver.

"16th. The patient feels much relieved; the discharge is healthy.

"22nd. She was examined this morning, and the ulcerated cavity was ascertained to be very much smaller. The discharge has diminished very sensibly; her general health has improved. She complains of some pain in the loins. She has taken for some time past the balsam of copaiba, combined with magnesia, in pills.

"10th of January. From circumstances, the state of the parts has not been ascertained till to-day. The coats of the bowel are now quite sound. The discharge, as well as all uneasy feelings, has disappeared. The patient's health has improved amazingly. She goes to the country, and she has been ordered to continue the use of a powder, which was substituted for the copaiba pills, containing Peruvian bark, magnesia, and ginger, from which she thinks she has already derived benefit, and which has superseded the use of any other medicine." There is every reason to believe, that in this case the morbid growth was the occasion of all the mischief, of the pain, ulceration of the bowel, and attendant discharge. In truth, an ulcerated cavity had been formed for the reception of the tumour, an effort, though in a great measure an ineffectual one on the part of nature, to free it from the grasp of the sphincter. The ulcerated cavity, the existence of which was ascertained at the time the growth was extirpated, seemed at one time indisposed to fill up, though the cause which gave rise to it had been removed. Had it not healed shortly, I contemplated dividing the sphincter, so as to prevent the necessity for powerful action in the muscular apparatus around the bowel, and thus put the breach of surface in a better position to be repaired.

PROLAPSUS OF THE MUCOUS LINING OF THE RECTUM.

As regards prolapsus, I have already stated to you, that the mucous lining of the bowel is relaxed, that its cellular connexions are loosened. This forms the bulk of the swelling, and there is reason to believe, that unless the protrusion is very great, the muscular coat retains its situation within the pelvis, and above the sphincter. In fact, the relation of the muscular coat of the bowel to the sphincter will not admit of the former falling down without the latter. It cannot be turned out like the finger of a glove. You see, that in this specimen of the disease, a very large and remarkable one, the viscera of the pelvis, the rectum, uterus, and bladder, occupy their relative situations. The outer fold is composed of a skin, and cellular tissue, and distended vessels; irregular masses present themselves on its surface; for there is no prolapsus without more or less varix and engorgement, as a cause or a consequence. The next fold, proceeding towards the opening into the intestine, is covered with mucous membrane, thickened, ulcerated at some parts, and less florid than the one interior to it. It has been frequently and long exposed to friction, and to the external air, and has lost its susceptibility. The innermost fold is more recent, and is not altered, excepting in so far as its vessels are turgid, and it is slightly œdematous.

Now you are aware that the extremity of the bowel, at the termination of its mucous coat, is surrounded by a membrane of a dark violet colour. The mucous follicles, which are numerous, secrete an unctuous matter. This membrane is plaited into folds separated by gutters. These plicæ converge towards the margin; they are prominent when the parts are contracted, and become effaced in the opposite condition. Beneath their folds is arranged a loose fibro-cellular texture, and this, along with the sphincter, is supported by a quantity of fatty matter.

In many cases this fatty matter, with that in other parts of the body, is absorbed, and when prolapsus, from any cause, has prevailed for any time, and to a considerable extent, the sphincter is remarkably dilated, as well as the other parts forming the outlet of the bowel.

As regards the treatment of these troublesome complaints, "nasty disagreeable diseases," as Dr. CULLEN has styled them, "ready to go to excess, and be thereby very hurtful as well as fatal," it is proper that their approach should be watched, that they should, if possible, be prevented from becoming confirmed, and that they should be got rid of, when formed, as quickly as possible, seeing that they are always progressing from bad to worse.

WISEMAN, one of the oldest English writers on this subject, and on that account not one of the worst, has aptly enough remarked, that "there is not less danger in unseasonable suppression of hemorrhoids than there is from their too great evacuation; and that they are not unadvisedly to be provoked, nor yet too suddenly checked." The state of the patient's constitution must be well looked to, and carefully studied. If any affection of the head or chest, of any of the internal

viscera,—a gouty affection of the stomach, for instance, has been relieved by an attack of piles, then ought there to be great consideration before the local affection is interfered with in any way. Very dangerous, and even fatal, results have followed neglect of such caution. Under any circumstances, great attention is requisite to the patient's general health after the removal of disease in this region—to his diet—to the regulation of his digestive organs—to the prevention or relief of general plethora, or of partial congestion.

The diseases to which I have directed your attention thus particularly, may be averted—nay, even removed—after they are established, by a proper regulation of the functions of the alimentary canal. Care must be taken that the stomach has not too much to do. Regular discharges from the alimentary canal must be obtained by such medicines as do not determine to the hemorrhoidal vessels. Castor oil, electuary of senna, black draught, or those with rhubarb, magnesia, and ginger, jalap, &c. Aloetic medicines, and other drastic purgatives, colocynth, gamboge, and such-like, are supposed to irritate the lower part of the bowels. In large and immoderate doses they undoubtedly do so, and such medicines answer well when the discharge from the hemorrhoidal vessels has been in any way suppressed. Moderate doses of aloes, such as tend to unload the large intestines, do not seem to have this effect. I have looked over Dr. HAMILTON'S book on the use of purgatives, and I do not find, in cases where the patient swallowed as many as nine and twelve pills of aloes, and aloes and colocynth, in twenty-four hours, with other adjuvants for weeks at a time, that any mention is made of hemorrhoidal swelling supervening. These medicines are certainly, however, by all means to be avoided by patients labouring under such diseases.

In irritability of the parts, with discharge, good effects certainly do follow the employment of the confection of black pepper (Ward's paste), copaiba, a medicine first recommended by Dr. CULLEN in these diseases, or a confection of that medicine and cubebs.

When enemata can be resorted to (which is not always the case, from the swelling and pain of the orifice), good results may be expected. Above all, cleanliness, the plentiful use of brown or black soap and water, is of the utmost consequence to be attended to, equally as a means of prevention as of cure.

Various external applications are in common use, and they are employed without much discrimination, such as ointments containing powder of gall-nuts; decoctions of oak bark; solutions of astringent salts, &c. I question much if any vegetable, earthy, or saline substance, excites a very astringent effect when mixed up in a filthy ointment, in oil fat, rosin, or wax. Very few of these "drying and healing unguents" are to be met with in our practice here. If astringents or stimulants are required, they can be applied more effectually, and in a more simple and clean form, than in ointment. If you wish to follow a proper and successful course, you must look first to the condition of the parts, whether the tumours be recent or of some standing, whether they are in a quiet or in an excited and inflamed state, what the nature and extent of the discharge is, and you will regulate your local treatment accordingly. If the tumour be recent, external, and visible, and does not subside by rest and such position as favours the return of the blood from the parts, together with full evacuation of the bowels, then its contents may be evacuated by puncture with the point of a fine lancet. If the pain have abated and some swelling persists, a solution of sulphate of zinc, or of alum, may be employed from time to time. If there be excoriation with troublesome itching, then, perhaps, a solution of the nitrate of silver, applied occasionally, may give speedy relief. An infusion or decoction of catechu, or oak bark, or of galls sharpened with a few grains of alum, may be preferred.

If, again, the patient have suffered severely and repeatedly, there has been retardation of the venous blood for a time; if inflammation of tumours of old standing have set in, and if that be violent, then it may be necessary to pursue a pretty active antiphlogistic course,—free leeching (the application of a few will, as the old authors would say, draw the humours to the parts without emptying the vessels, and thus do more harm than good), followed by assiduous fomentation and poultice. Even general blood-letting may be requisite. Antimonials and other diaphoretics may follow with advantage the free evacuation of the belly. When this is the case, and no longer any cause remains to retard the venous circulation, opiates will be exhibited to great advantage, with the view of allaying pain, procuring rest, and preventing action of the bowels. This last indication must be followed out after all the operations on those parts, however trifling. To such cases as require operation, I shall draw your attention when we meet here again.

HYPERTROPHY AND REMOVAL OF THE TONSIL GLANDS.

To the Editor of THE LANCET.

SIR,—I send you the subjoined remarks respecting hypertrophy of the tonsil glands, together with a brief description of an instrument which I have found to facilitate very much the application of the ligature for their removal.

I am, Sir, your obedient servant,

M. GOSSET.

George Street, Mansion House,
Jan. 21, 1835.

The tonsil glands are small spongy bodies, composed of numerous mucous follicles, and not exceeding, when in a healthy condition, the size of an almond. They are embedded between the arches of the soft palate on each side, and secrete a fluid for the lubrication of the fauces and pharynx, which, in its sensible properties, very much resembles synovia. In performing any operation, either on the palate or the fauces, the extreme lubricity of this fluid, which is then poured out in large quantities, becomes very manifest. This, perhaps, is most remarkable in the operation of staphyloraphy, in the performance of which, if care be not taken to leave the ends of the sutures rather long (that is when using silk), the knots will readily untie, and the parts again separate, notwithstanding they were previously in complete apposition, and secured with a double knot,—an accident which occurred to me in the first operation of the kind which I had to perform.

These glands, like other structures, are subject to various diseases, but that to which it is my intention to confine the following remarks is hypertrophy, or a simple chronic growth of these organs. This disease, or rather the predisposition to it, would appear to be congenital, as it generally commences very soon after birth, making its progress, more or less rapidly, according to the force of such predisposition, or the exposure of the individual to those causes which excite inflammatory action in the part. It is of such frequency, that there are few surgeons, however young they may be, or limited their experience, who have not been called upon to treat it. In many instances it begins in a nipple-like projection, shooting from the centre of each gland, the base of which projection gradually enlarges, so as to involve the entire gland itself. Whole families are frequently found suffering from the disease; such families not exhibiting any other peculiarity of constitution, it would not appear to be confined to those of a scrofulous diathesis.

Symptoms.—Those most commonly present are deafness, more or less complete, the voice having an unpleasant nasal sound, and slight difficulty in breathing and deglutition, causing the patient to snore loudly during sleep. Children too, who are suffering from this disease, will be observed to have rather a dull vacant look, caused by their keeping the mouth slightly extended, in order to relieve the partial deafness and impediment to breathing which exist. But these symptoms, although exceedingly annoying, and of themselves sufficient to demand the best efforts of our art for their relief, are but trivial when compared to the frequent attacks of cynanche tonsillaris, to which such persons are prone, on the slightest exposure to a moist cold atmosphere; such attacks not only being attended with severe suffering, but also endangering life, when not promptly and actively treated. In addition to this catalogue of evils, the constant irritation thus excited will be sometimes found to induce phthisis pulmonalis, and it is not unusual to observe young people, who appeared first falling into a state of hectic, regain their health and flesh immediately after the source of irritation has been removed.

Treatment.—Medicine would seem to have but little influence over this form of disease, and local applications, whether of an astringent or escharotic nature, have, in my practice, proved equally inefficacious; indeed the latter applications appear, in many instances, absolutely injurious. For while you may, by such means, destroy a small portion of the superficies, the irritation so occasioned gives rise to an increased action of the vessels, in the centre and base of the tumour, and accelerates its growth. It is obvious, then, that their removal affords the most effective means of relief, and the point to which it is necessary to direct attention, is the best method of doing this. Many surgeons of eminence always have recourse to the knife in these cases, but to this mode of procedure there are many objections.

1st. Although this may be done with perfect safety in many of those cases which occur in adults, or in children after a certain age, yet it is not, even in such instances, entirely devoid of danger, as a troublesome hemorrhage will sometimes ensue.

2ndly. It is quite inapplicable to children under five years of age, at which

period, as well as previously, the disease is attended with more distress than in those who are older.

3rdly. And this is the most serious objection of all, the knife is not so effectual in curing the disease as the ligature. Surgeons, when they have recourse to the knife, merely slice off a part of the enlarged tonsil, as to dissect out the whole gland would be an operation extremely difficult to perform, and attended with great risk. Thus the operation of excision retards, but does not destroy, the disposition to increased growth, and is, therefore, incomplete, being rather palliative than curative. There are, nevertheless, some cases in which it may appear desirable to proceed to the immediate removal of the diseased growth. In such cases the scissars will be found much more safe and convenient than the knife. When operating with the scissars, the part should be drawn out, by means of a hook, and I am in the habit of using a pair of scissars with long handles (much the same as dissecting scissars), having short blades, rounded at their extremities, so as to prevent all danger of wounding the circumjacent parts; but in a young and struggling patient, even this cannot be done securely, and if it could be done, the operation would be imperfect.

The ligature, then, affords us the most eligible means of accomplishing our object, for although it may not be possible, in all cases, to include the neck of the tumour within it, yet the ulceration which it excites extends beyond the ligature itself, and the attendant inflammation, by causing a thickening of the vessels, destroys any tendency to future enlargement. It may here be observed, that the morbid increase of these parts would appear to depend upon the same cause as that which occasions the growth of nævi, viz., a deficiency in the elastic coats of the arteries, allowing them to yield too readily to the impulse of the blood.

Should any one inquire, why the application of the ligature, if safe and effectual, should have fallen into such general disuse, I could only reply, that it requires some skill in its performance, and those instruments which have been constructed for the purpose are calculated rather to defeat, than assist, the intention of the operator. The result has been that surgeons, in the habit of triumphing over every difficulty, in operations of a far more serious character, finding themselves foiled in this, have abandoned it in disgust. My object then is to submit to the attention of the profession, an instrument which will be found to obviate such objections,—an instrument which will enable any one, with a little practice, and possessing a moderate share of dexterity, to pass a ligature around the hypertrophied gland, and to secure it effectually. Twelve years have elapsed since I had it constructed. During this period numerous opportunities of testing its utility have occurred to me. Many of my medical friends (among whom I take the liberty of naming Drs. Ashwell and Dewsbury, together with Messrs. Blenckarne and Millar) have witnessed the great facility with which it may be used, and its perfect efficacy in removing the disease.

The instrument is most simple in its construction, being formed of a piece of iron wire, six inches and a half in length, and about a line in diameter. It is flattened at the extremity to form a handle, which is made rough, in the same manner as a lithotomy staff, and slightly curved near to the point, in which there is a dotted eye, corresponding with a similar eye in the handle; through these one arm of the ligature is passed, the other being left free. The patient being seated in a firm chair, his head secured by an assistant standing behind him, the surgeon should hold the iron between the thumb and fore and middle fingers, in the same manner as he would hold a pen. If the disease be in the right side, the instrument should be held in the right hand, having the free arm of the ligature twisted, once or twice, round the fore-finger of the opposite hand, with which the tongue must be depressed during the operation, the hand being changed according to circumstances. When, however, the disease is in the left side, those surgeons who have a difficulty in operating with the left hand may stand behind their patient, which will enable them to use the same hand on either side.

The tongue being firmly depressed, the iron should be passed over the upper and outer part of the gland, as near its root as possible, and carried backwards and downwards, until its extremity is again brought into view. The operator should then gradually bring forward the iron until he is able to seize both arms of the ligature with the hand employed in depressing the tongue, having done which the instrument must be withdrawn. In doing this the great difficulty of the operation consists, for, if both extremities of the silk are not kept perfectly tense during its withdrawal, the ligature will slip off, and the operator will have to recommence his operation under increased difficulties. The iron being once removed, the ligature may be readily tied, without again having recourse to it. The silk employed should be well waxed, and ought to be of the

strongest kind, not too thick for the purpose, as it is an object of much importance to tie it as tight as possible; for if this be not done, when the enlargement is considerable, the deeper-seated vessels will not be strangulated, and the ligature, at the end of a few days, will fall off, having destroyed only a part of the gland. When the operation is well performed, not more than a week or ten days will, in general, elapse before the disease is removed.

After the operation, the *Infus. Rosæ c. M. S.* may be given, which corrects the fœtor arising from the sloughing tonsil, and, at the same time, keeps the bowels moderately open. When the enlargement is very great, the glands will often press upon each other previous to the operation. In such instances, especially when they occur in children (and I have operated in children not more than three years and a half of age), care should be taken to wash away the sloughs from the tonsil, by the frequent injection of tepid water, or some slightly astringent fluid, as a dangerous impediment to breathing might otherwise arise.

In conclusion, I may remark that those who have been subject to frequent attacks of cynanche tonsillaris will sometimes be found to have the arches of the palate adherent to the tonsils, which increases very much the difficulty of applying the ligature. Under such circumstances it will be necessary to draw the tonsil forward with a hook, which must be held by an assistant during the operation.

ON THE

FORMATION OF PHLEBOLITES

IN THE VEINS.

By P. Bennett Lucas, *Esq., Member of the Royal Colleges of Surgeons of London and Dublin, Teacher of Anatomy, &c.*

In two subjects received this season at our anatomical rooms (school of the *Charing Cross Hospital*), I detected the existence of phlebolites in the spermatic veins, under the following conditions:—

1st. Unattached to the vessel, lying loose in its cavity, and not preventing the blood from circulating through it.

2nd. Lying in the valves of the vein, which slightly adhered to them, forming an imperfect capsule to each.

3rd. Contained in a sac which formed a perfect capsule, and which was attached by a peduncle to the lining membrane of the vein, containing within its cavity as many as three phlebolites.

4th. Imbedded in a fibrinous clot of a brown colour, which completely obliterated the cavity of the vein for some inches, the calculi being situated in the course of the vessel, distant from four to five lines from each other, and giving a knotted appearance to the vein. The portions of vessel between the calculi were reduced to a ligamentous substance resembling the obliterated ductus arteriosus.

The first and second conditions existed in a subject aged 54, the third and fourth in a subject aged 60. The spermatic veins in both subjects were varicose, and the continuity of their external coat was uninterrupted. The testicle of the subject, aged 54, was perfectly healthy, and served me to demonstrate that organ; but the testicle of the other subject was not half the size of its fellow, and the glandular and parietal layers of its serous investment had formed several adhesions with each other. The phlebolites, varying from the size of a small pea to that of a mustard seed, were of a yellow colour, the largest of an oval shape, the smallest circular. *Three* of the *largest*, contained in *one* sac, as mentioned in condition No. 3, were in contact, and had not the slightest attachment to their investment, or to each other, but readily fell out upon the sac being cut into; these were situated nearest the abdominal ring; the vein above the sac was pervious; but below it, from the sac to the gland, the vein was in the condition mentioned in No. 4, and contained both oval and circular phlebolites. This preparation, together with the phlebolites, I have given to Mr. Howship, who has considered them of interest sufficient to occupy a place in his valuable museum.

I have been thus particular in detailing the above dissections, as they appear to me to favour the opinion, if not positively to establish the fact, that these bodies are formed directly from the blood circulating in the veins. Their lying loose in these vessels, their adhesion to the inner coat when placed in a situation favourable to such taking place, as when a valve intervenes, and their existence in an obliterated vessel proceeding from a gland which evidently had suffered from severe inflammation, and in which inflammation the vein in all probability participated,—all tend to strengthen this view. Moreover, these bodies seldom exceed the size of a small pea, and always present a defined figure, a smooth surface, and an uniformity of colour. If, as some physiologists have supposed, they make their way into the veins from without, it is not probable their shape would be so uniform, and the pro-

cess which would necessarily precede their entrance would, more than likely, obliterate the cavity of the vessel, or leave a mark corresponding with the orifice of entrance; besides, we should in our post-mortem investigations be likely to detect one or two upon their march, or at least find a few waiting externally for a favourable opportunity of gaining admission, occurrences which as yet have never been observed. With less reason can it be supported, that the earthy deposit takes place in the first instance between the coats of the vein, from thence proceeding inwards, carrying a fold of the lining membrane, and thus forming a capsule. If it were arteries we had to deal with, such reasoning might gain some support from the fact of their coats so often being found ossified, a state easily met with in the coats of veins, yet a phlebolite in the former vessels has never been met with.

That phlebolites, then, are formed directly from the venous blood, (for why not this fluid as well as the urine under certain circumstances deposit its earthy particles in the form of calculi?) appears to me to admit of little doubt, and that their formation is not preceded by a deposition of fibrine, forming a bed for the future phlebolite, as has been advanced, appears equally evident. If a deposition of fibrine first took place, it must adhere to the inner coat of the vein, and it is difficult to imagine how the phlebolite could afterwards become detached, when we consider the languid circulation in those vessels, and the numerous anastomoses existing between them, affording various channels for the blood to pursue its course, in the event of such an obstruction existing. This opinion had its origin from the fact that phlebolites have been often detected in a bed of fibrine, but when such takes place, I conceive that the phlebolite existed free, as they are generally met with, and that its presence, or other causes, produced a degree of inflammation which terminated in the secretion of coagulable lymph, and not only surrounded the offending body, but likewise produced an obliteration of the vein. That this was the case, as mentioned in condition No. 4, must be evident when the state of the testicle and its veins is considered.

Position would seem to favour the development of phlebolites, as they are in general found in the veins belonging to pendulous and depending parts, as in the spermatic veins, the veins of the uterus, those of the lesser extremities, &c.; and a varicose state of vessel also, by not only retarding the venous circulation, but by presenting a surface favourable to the lodgement of calcareous matter, the convolutions of a varicose vein acting to a phlebolite the part of a valve.

98, Guildford-street, Russell-square,
Jan. 26th, 1835.

EMPLOYMENT OF THE

ACETUM OPII SEDATIVUM

IN

MANIA MELANCHOLICA.

To the Editor of THE LANCET.

SIR,—Since the extract from the first part of my paper, which was read at the *Medico-Chirurgical Society*, illustrative of the sedative plan of treatment in mania melancholica and puerperal mania, relating to the preparation of the acetum opii sedativum, and its mode of formation, appeared in your journal, I have received numerous inquiries respecting its dose and use, neither of which did I deem it necessary to allude to, owing to the dose and properties of Mr. Battley's * liquor opii sedativus being so well known; but in order to comply with their request with regard to the dose, I am tempted to send you the following, as being the best means of conveying to the profession the desired information, and at the same time of pointing out the efficacy of the sedative plan. Trusting that the subjoined cases will tempt others again to give the sedative treatment a patient trial in these distressing affections, I remain, Sir, your very obliged servant,

J. H. HORNE,
5, Gerrard-street, Soho, Surgeon, &c.
Jan. 19, 1835.

The high degree of nervous irritation experienced by patients labouring under mania melancholica, led the profession to expect relief from the employment of narcotic remedies; but, upon the whole, our medical writers report that little reliance can be placed on those agents. The want of success thus experienced in the treatment of this affection—testified moreover by the experience of so great an authority as Dr. Seymour†—will not allow

* During the past week Professors Elliotson and Thomson have tried it at the *North London Hospital*, and find the acet. opii sedat. far superior to the liq. opii sedat. in strength.—J. H. H.

† A paper by this gentleman, on the sedative treatment in melancholic insanity, was read at the preceding meeting.

me to attribute it to the inaptitude of narcotics, but rather to the method of prescribing them, from their possessing two distinct properties,—like the preparations of digitalis,—viz. first, stimulant, and secondly sedative. Unless, therefore, the dose of the sedative be sufficiently large to counteract or overcome the first-named property, that property only comes into action in this class of diseases, and, of course, increases rather than mitigates the nervous excitability under which the system already labours. Hence the disappointment experienced by the practitioner.

Case 1.—In the early part of February 1831, I was requested to visit a lady, aged eighteen years, who was labouring under this affection in its severest form. She had a wild and suspicious look; her eyes were almost starting from their sockets; she attended to every movement, and complained of the slightest noise; there was pain in the head, the pupils were immensely dilated, the vision was indistinct, the tongue dry and coated; the lips were black and the skin was parched; the pulse was 135, small and weak; the breathing quick; she never slept. She had been confined to her bed during ten days, and had taken a great dislike to all her attendants, deplored her unhappy condition, and dreaded the punishment that would be inflicted for her supposed past sins. Her friends were in the greatest state of despondency, and without hopes of her recovery being held out by two eminent physicians who had been consulted previous to my seeing her. I abstracted from the arm ʒviij of blood, and gave, immediately after the bleeding, xxx ɱ *Acet. Opii Sedativ.**, applied cold to the head and supported the system by gruel and broth. The blood drawn exhibited slight inflammatory evidences. The acetum opii sedativum was repeated throughout the first, second, and third days, at intervals of three, four, and six hours, with well-marked benefit, and the pulse was kept down by digitalis. Three days and two nights passed before sound and quiet sleep could be obtained, and for the space of nearly two months the opiate was repeated at bed-time; and during the day, whenever the wandering or melancholic mood was on the increase, varying the dose from ten to twenty minims.† The lady perfectly recovered.

Case 2.—A few weeks after, a second case occurred, presenting precisely the same symptoms, excepting that the circulation ran higher and stronger, owing to this patient being stronger and more robust in constitution and habits than the first. Here the sedative proved most beneficial. At the commencement, digitalis with powerful diuretics were employed, to reduce the system; and occasionally purgatives were exhibited. In chronic diseases the same satisfactory result may be depended upon, from the sedative plan of treatment; and in further proof of its efficacy, I may mention an elderly lady, nearly 50 years of age, who became melancholic from reading religious tracts. I was consulted in her case, and was aware of the difficulty of successfully combating this form, when arising from religious fanaticism, and she, moreover, had poverty to contend with, and few friends to assist her. Considering this to be a most favourable case for testing the efficacy of the treatment, neither trouble nor expense, on my part, was spared, and my efforts were crowned with success, for the patient completely recovered, and, in time, became capable of pursuing, with moderation, her religious inclinations with perfect safety. The dose of the sedative was xx ɱ, night and morning, gradually reduced to x ɱ. The cure of this case stamped the efficacy of the treatment most completely in my own mind.

Other cases might be adduced, but fearful of intruding too much on the society's time, I related only one other, belonging to the class of puerperal mania, which occurred in July or August, 1834.

Case 3.—I was solicited to attend a poor girl, who, though only sixteen and a half years old, was found in strong labour pains. Parturition was effected without much difficulty; the child, which was illegitimate, was strong and healthy. Up to the fourth day she was doing well; but at eleven p.m. on that day I was sent for by her friends (respectable tradespeople), who reported that their daughter, towards the evening, began to talk excessively, and very strangely, attempted several times to get out of bed, but, on being prevented at first, quietly lay down by

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* This is an immense dose, and nothing but the severity of the case would withstand it. Begin with five to ten minims.

† Since the above case was read, it has been objected to as having been cured by the sedative plan. In reply, I ask, What is the action or effect of bleeding? What of digitalis and of cold applications to the head? Are they not purely sedative? Here they were used as such, and as adjuncts to prepare the system for the chief sedative to produce the full benefit of its powerful and efficacious quality in this affection. But, on the other hand, "if a specific be given for any disease, such as the carbonate of iron for chorea, nitrate for epilepsy, &c., antiphlogistic means should not be had recourse to during their exhibition, or how are we to prove which performs the cure?"—*Dr. Elliotson's Clinical Lecture*, Jan. 17, 1835.

degrees, though she never ceased talking. Reasoning had no effect on her. On my arrival I found that two persons were required to keep her in bed; her exclamations were very shocking, and the manner in which she described the despised and degraded condition to which she had become reduced in her friends' estimation, and the helpless condition of her child, will not readily be forgotten by me. The excitement had developed high febrile symptoms; the pulse was rather above 140; the skin and fauces dry and parched; the hand and surface of the whole body were hot, and the breasts were distended with milk; the bowels had been relieved in the early part of the day. This sudden change I ascertained had arisen from her parents having inadvertently declared their incapability of keeping her and her child; and the prospect they held out to her was that of the workhouse or starvation.

I directed a wineglassful to be given, every two hours, of a mixture, composed of half an ounce of laudanum and half an ounce of sulphate of magnesia, with water ten ounces. The breasts were to be drawn; lemonade was allowed for drink through the night.

2nd day. The symptoms increased; no sleep. The laudanum to be continued.

3rd. Worse; pulse sinking; bowels much relaxed. Capiat *Tinct. Opii* ℥j, stat. et coch. duo magna, 4ta quaq. hor. sequentis misturæ. *Tinct. Opii* ℥ij, *Aquæ* ℥vj.

4th. More composed; has enjoyed some sound sleep. To be supported by nourishing broths and milk. The opiate to be continued.

6th. Melancholic; expresses an evident wish to die; pulse 70, and small; bowels confined. Capiat *Pulv. Jalap. Co.* ℈ij stat. Rep. *Mist. Opii* ut antea.

8th. Better; sleeps more composedly.

10th. Rapidly improving; continue the opiate.

13. Convalescent; recruited her strength tediously, but it has remained good up to the present time; the lochiæ, by being encouraged with warm fomentations, remained unchecked; the milk returned in part, as the mania decreased. In this case the laudanum was given, owing to its containing spirit, considering that on this account it would prove beneficial rather than hurtful, on the ground that this class of patients is accustomed to spirituous stimuli; and by depriving them of that *in toto*, not unfrequently the cure is retarded very considerably.

I beg to offer in conclusion the following remarks:—

First. When insanity first develops itself in young persons, it is almost invariably accompanied, as in case the first, with well-marked symptoms of cerebral inflammation, and not unfrequently no inconsiderable tact will be required to arrive at a correct diagnosis. However, by attentively ascertaining the previous state and habits of the patient, and if possible the propensities, the true diagnosis will be arrived at, which it is of the greatest consequence to establish as early as possible.

Secondly. Dr. Seymour in his valuable paper, proposed to trust almost entirely to the sedative plan. My experience, small as it may be, compared with that of Dr. S., and with all due deference to the rank he holds in the profession, enables me with perfect confidence, as to the result, to make it our sheet-anchor: but there are two conditions that justify me in adding, respecting the circulation, which requires previous attention, and procures for the narcotics a power over melancholic insanity and puerperal mania, which no other class of remedies possesses. The first condition of the circulation to which I allude is, that wherein we find, as in the first-mentioned case, the action of the heart excessively quick, but the pulse weak; and, in proportion to the time the circulation has continued unchecked, the greater is the weakness to which the patient is apparently reduced. The circulation, to use a common but appropriate simile, has the upper hand; by bleeding we relieve, and consequently diminish, the exhaustion, for the pulse falls, but becomes fuller, softer, and more dilated,—the most satisfactory proofs that the oppression has been in part removed. The second condition of the circulation alluded to, is that where the whole vascular system, from repeated indulgences in various excesses, too common and distressing to be described, especially when young, has arrived at its maximum of distention or dilatation, the propriety of venesection, prior to administering the sedative, admits not, I think, of the least doubt.

MALIGNANT CHOLERA.

A correspondent in the north informs us "that two or three fatal cases of cholera have occurred in South Shields during the present week."

The cholera at Marseilles has been decreasing gradually since we alluded to it, and according to the last news from that quarter, is now nearly extinct.

THE LANCET.

London, Saturday, Jan. 31, 1835.

In resuming the consideration of the medical affairs of *Christ's Hospital*, we feel bound, in conformity with our promise of last week, to present the public with a few extracts from the letters of Mr. Lloyd, published by the Almoners in the Appendix to their Report.

Mr. Abernethy, one of the surgeons of *St. Bartholomew's Hospital*, having resigned the office of surgeon in *Christ's Hospital* on the 22nd of February 1828, Mr. Lloyd, an assistant-surgeon of *St. Bartholomew's*, was chosen to fill the vacant office, on the 21st of March, in the same year,—*seven years*, within a few weeks, *from the period at which we are writing*.

There is no report of Mr. Lloyd's first visit to Hertford, which took place, we find, from a note signed by three governors, on the 31st of March, but in a letter, written three weeks afterwards, and dated *21st of April*, Mr. Lloyd was already enabled to announce to the Governors, with regard to the ring-worm then prevailing in the establishment, and the treatment of which had thus come under his care,—

"That the disease had materially diminished, and that he should eventually succeed in completely *eradicating* it."—(*Appendix*, page 17.)

In his letter to the Almoners, dated *June the 13th* 1828, Mr. Lloyd stated—

"His firm belief that, eventually, the disease would become completely *eradicated*."—(Page 18.)

In a letter read to the Committee on the same day, but dated *June the 12th*, Mr. Lloyd said,—

"I shall do all in my power to *eradicate* the complaint."—(Page 20.)

On the *19th of December*, 1828, the Almoners state that Mr. Lloyd attended before them, and made a favourable report relative to the diminution of the disease, and it was therefore considered—

"Unnecessary to call in any additional professional advice, Mr. Lloyd having declared that he considered that every proper measure had been adopted for the *eradication* of the complaint."—(Page 21.)

In a communication dated the *27th of February* 1829, Mr. Lloyd remarks,—

"I am still of opinion that we shall succeed in completely *eradicating* the disease."—(Page 24.)

The promises of "eradication" so fully occupied the minds of Mr. Lloyd and the Almoners at this time, that the latter stated in their Report of the 22nd of May, 1829, that certain measures should be

"Forthwith carried into effect for *eradicating* the grievous disease from both establishments."—(Page 27.)

Then comes a letter from Thomas Wilby, the clerk, dated the *17th of June*, 1829, in which it is observed, that

"With a view to thoroughly *eradicate* from the establishment the disease called 'ring-worm,' the Governors have consulted five of the most eminent of the faculty."—(Page 28.)

On the *22nd of July*, 1829, Mr. Lloyd, in a letter addressed to the treasurer, observed, that since his last visit,—

"He found that the number of children who were affected with ring-worm in an active state, had materially diminished," and adds, "I feel convinced that we shall succeed in completely *eradicating* the disease from the establishment."—(Page 29.)

In a letter dated *December the 2nd*, 1829, Mr. Lloyd informed the treasurer, that on his visit to Hertford on the previous Sunday,

"He found everything going on very satisfactory;" and he subsequently predicts in the same letter, that "he feels as confident as ever that they shall succeed in *eradicating* the disease."—(Page 31.)

Further on, in the last-mentioned letter, he suggests,—

"That no boy affected with ring-worm shall be permitted to be taken home, un-

less a previous undertaking be given, that he shall not be returned to the school until the disease be entirely *eradicated*."—(Page 32.)

A capital device, this, for eradicating the boys as well as the disease! Thus two or three hundred young gentlemen, affected with ring-worm, were to be sent out of the Hospital at the holidays, and ordered to remain with their friends until surgeons in private practice should accomplish a cure which Mr. LLOYD felt himself totally incapable of effecting in an establishment where the medical and dietetic management of the children was placed entirely under the control of the surgeon and his professional and domestic assistants!

In a communication dated *March the 11th* 1830, Mr. LLOYD alludes to a discovery that he has made relative to

"Another most fertile source of the disease, and, consequently, of difficulty in its *eradication*."—(Page 33.)

And then he goes on to reason, with the arithmetical precision of a "Cocker," that

"If it were not for the occurrence of *fresh* cases, and the occasional *recurrence* of disease in *other* boys, they might fairly expect to have, in a very short time, the ring-worm wholly *eradicated* from the school."—(Page 34.)

This is very exact reasoning, and not easily to be matched. If there were "no fresh cases," and "no recurrence of the disease" after none but *healthy* boys were permitted to enter the Hospital at the termination of the holidays, Mr. LLOYD could indulge in the fair expectation, that ring-worm would be "wholly eradicated from the school." But ring-worm, after all, seems to be neither an alarming nor an annoying evil, as Mr. LLOYD, after alluding to certain precautionary measures, in the identical letter from which we have just quoted, exclaims,—"Let these means "be adopted, and I feel convinced that "the *education* of the children, and the "*extension* of the disease, will be found "perfectly compatible." (*Page* 34.) This conviction of Mr. LLOYD ought not to assume the character of a prophecy, as his experience in the Hospital ought at least to have enabled him to state, most positively, that the education of the children had not been neglected at the time that they were the subjects of ring-worm; otherwise, hundreds of children, according to the statements before us, must have been discharged from *Christ's Hospital*, within the last twenty years, without carrying with them even the rudiments of that knowledge which they were sent there to acquire. In a word, if the education of the children could not proceed while the ring-worm was in the course of extension, the labours of the establishment must have been wholly executed by medical officers and their able assistants, the nurses,—and the masters and ushers must have enjoyed sinecures.

On the *12th of March*, Mr. WILBY, the clerk, acknowledges, by the direction of the treasurer, the receipt of Mr. LLOYD's letter of the same date, and states that,—

"The governors have full confidence in Mr. LLOYD's exertions and skill for *eradicating* the disease called ring-worm."—(Page 35.)

"*Called* ring-worm," quoth Mr. WILBY. The clerk had evidently become as sick of the disease as the children.

On the 24th of *September*, 1830, Mr. LLOYD again addressed a letter to the Committee, and this is the only epistolary communication of his throughout the Appendix, in which the word "eradicate" or "eradication" does not occur. But even in this short letter Mr. LLOYD attempts to delight the governors by announcing to them that "the source of contagion has *very much diminished*," and that at his last Sunday trip to Hertford he found the children *going on* "extremely well," which, properly interpreted, signifies, we presume, that the children were *going home*, to be placed under surgeons who could relieve them from their maladies.

On the 29*th of April*, 1833, the treasurer, five years after the appointment of Mr. LLOYD, and five years after the promised "eradications," in a letter, addressed to the steward at Hertford, deploringly remarked, "I feel it quite sickening, after all the "pains which have been taken, that "we have *still this scourge hanging over* "*the establishment*." On the same day Mr. LLOYD expressed his regret that,

"There had broken out more fresh and severe cases of ring-worm than had been the case for some time past," and added, that "it grieved him that such an increase had taken place after the *excessive inconvenience* he had been put to in endeavouring to *eradicate* the disease."—(Page 43.)

A Committee of Almoners was then held on the 10*th of May*, 1833, when Mr. LLOYD, being present, was informed that a special committee would be appointed on Tuesday the 14th, to take into consideration the state of the Hertford establishment. Accordingly, the almoners assembled on that day, and, after acknowledging that the disease had baffled the skill of the medical officers, resolved that a gratuity of three hundred guineas should be paid to Mr. LLOYD, for his extra services and Sunday jaunts to Hertford. The report goes on to state, that Mr. LLOYD, on being called in, returned the committee his grateful thanks, and informed the governors that,—

"So long as ring-worm prevailed all over the country, and the boys were permitted to mix with their friends, there would be fresh cases intrude on the establishment, on which account he was compelled to say, that to wholly *eradicate* the disease, was, at present, quite out of the question."—(Page 44.)

On the same day Mr. LLOYD addressed a long letter to the Treasurer, in which he makes use of almost precisely the same expression, observing that,—

"As fresh cases could not be prevented from being introduced into the Hospital, he was compelled to say, that to wholly *eradicate* it was at present quite out of the question."—(Page 45.

Another meeting of the Committee was held on the 24*th of May*, 1833, pursuant to adjournment from the last meeting, when they were assembled to take into consideration the state of the medical department of the establishment at Hertford. The Treasurer, on this occasion, having informed the Committee that he had received a letter from Mr. LLOYD, "containing a *very favourable* account of the boys now labouring under this disease" (page 46), it was agreed to defer a further consideration of the subject to the General Visitation to Hertford, appointed to be held on the 18th of June next ensuing.

Immediately following the brief notice of the proceedings of the above meeting, we find the following note addressed by the "eradicating" Mr. LLOYD to the Treasurer, dated *May 21st* 1833, so that, in all probability, this was the letter to which the Treasurer referred when he alluded to the "very favourable account of the boys" which Mr. LLOYD had recently rendered. This note is too good to admit of abbreviation, and we shall not, therefore, make the slightest alteration in it, either in word or point, with the exception of placing a few of the words in italics and capitals:—

"*To Thomas Poynder, Jun. Esq., Treasurer, Christ's Hospital.*

"DEAR SIR,—I visited the Hospital at Hertford on Sunday last, and I am *happy* to have it in my power to inform you, that I found things in a *much better* state than at my former visit. The condition of the children generally was *much more satisfactory*, and in particular all the *new cases* of *Ring-worm*, which was so *bad*, had *very* materially improved. The cases in Ward *No.* 9 would *really* be of *very* little consequence, *except* that there are in it nine or ten boys who have been *removed* thither from the *infirmary*, during the last month. The having Ward *No.* 9 for the *reception* of boys when *first* removed from the *Infirmary*, will, I feel confident, contribute greatly *to prevent* the spreading of the disease, and, consequently, to keep it within the narrowest bounds. I

trust I may be allowed to say, that, in *my opinion*, if the Committee have *patience*, only for a *short time*, they will not deem it necessary to have recourse to any more *extraordinary* measures with a view to ERADICATE the disease. I am, dear Sir, your very faithful servant,

"EUSEBIUS ARTHUR LLOYD.

"Bedford Row, Tuesday, May 21st, 1833."

In conformity with the previous arrangement, the General Visitation of Governors was held at Hertford on the *18th of June*, 1833, twenty-eight days subsequent to the date of the foregoing note from Mr. LLOYD, when, amongst the resolutions adopted by the Governors, we find *the following*, — a rather smart reply to the petition of Mr. LLOYD for "a little more patience" on the part of the Committee, and for "a short time" wherein he might continue his endeavours to "*eradicate* the disease." Alack a day! The silly Almoners had no predilection for a *second* vote of *three hundred guineas* for seventy-five additional Sunday jaunts to Hertford:—

"That the monthly visits from the *surgeon in London* be no longer required, and that Mr. Colbeck, the surgeon at Hertford, have *the active management and responsibility of these patients*."—(Page 47.)

So that the governors, without *promises* or *predictions*, "eradicated" Mr. LLOYD from the institution at Hertford, although Mr. LLOYD could not succeed in "eradicating" the ring-worm.

We are determined not to diminish the effect of this disgusting, but most instructive picture, by adding a single word of commentary, we therefore postpone any further remarks on the subject to the next LANCET, when we shall offer some observations on the recent scandalous decision of the almoners in entrusting the children of their establishment to the superintendence of three officers of *St. Bartholomew's Hospital*,—all of whom have, at any rate, the *reputation* of knowing; *nothing* of the diseases of the skin,—instead of appointing a gentleman to reside in the establishment, whose every moment, and every faculty, might be occupied in a well-directed effort to relieve the suffering children from the infliction and torment of an odious disease. *Christ's Hospital* is fast becoming, if it be not already, a pest house and a public nuisance, and it is high time that popular opinion should exercise some influence in controlling its mode of government.

A MEETING of the *Dublin College of Surgeons* was held on Monday week to receive the resignation of Mr. JOHNSTON, Professor of Midwifery in that institution. The resignation of Mr. JOHNSTON would be a matter of no importance, were it not connected with circumstances which throw light on the operation of that system in our Colleges and Companies, to which the "spontaneous reformers" of these days of political ambiguity cannot allude without regret and alarm, even while admitting the necessity of a reformation of the system. How long Mr. JOHNSTON has been the nominal Professor of the Dublin College we do not exactly recollect; but we know that the time is considerable, and that during the whole period of his professorship he seldom gave a dozen lectures in a season; at any rate the average amount of his didactic labours reaches no higher; and how he has contrived to quiet his pupils, or to keep his place in the College under this breach of his duties, nothing but the "ticket-system" could help us to explain. Upon what rule, however, either of right or wrong, the College can defend itself from a charge of scandalous criminality in suffering any individual thus to enjoy the reputation and advantages of a professorship without the fulfilment of those obligations which the holding of the office imposes, we are utterly at a loss to guess. Moreover, the

impropriety of tolerating this abuse is much aggravated by the reflection, that some other person, willing and fully equal to the duties of the situation, has been all along excluded from their performance, solely to serve the purposes of one who really did nothing.

Such is a fair specimen of the dog-in-the-manger spirit of all our medical corporations, which, sooner than violate a single "vested interest" of their tribe, will retain in the public service, men whose indolence or incapability is complete. But a strong feature in the affair is, we suspect from the information we have received, yet to be exhibited. The conduct of the College, we hear, is not likely to be atoned for by a more prudent and honourable course in the appointment of a successor. Consistency in its usual policy will be preserved on this occasion, and Mr. JOHNSTON might as well have resigned last season as now; but he was otherwise instructed. The object, indeed, of the delay is obvious. Had he quitted the professorship last year, the election of his successor would have come on at a time when the Court of Censors who elect the professors of the College, being somewhat more independent than the parties who are now in office, would have been hampered in their choice. The moment, however, that the Court of Censors is depurated from these intractable spirits, and the machine of corruption is brought into working order, Mr. JOHNSTON's resignation is laid before the College, and his successor is forthwith to be nominated. One short month only has elapsed since the "restoration" of the representatives of the College School to power; and in twenty-eight days more the first job of the season will be completed, the timely resignation of Mr. JOHNSTON being the prelude thereto.

These preliminaries having been so adroitly managed, the subsequent steps in the process doubtless will be appropriate to their end. Little question can there be that the new professor is fixed on. The chances of an election will not be trusted. Report, only, can guide our impressions in this respect, as personal canvassing for professorships is forbidden by the laws of the College. It is generally supposed, however, that a Mr. BEATTIE, who professes to teach "medical jurisprudence" in the College School, is destined to fill the vacant chair; and if his claims to promotion be considered according to the usual rules, his prospect of success is, certainly, very feasible, though a correspondent in Dublin who is a competent judge in these matters, has enumerated ten members of the College whose standing, attainments, and practical experience as accoucheurs, entitle them to the preference which is most probably reserved for Mr. BEATTIE.* But considerations of such a kind have little influence with the College. Mr. BEATTIE has that within him which surpasseth a show of qualifications. He has been a faithful voter at all the meetings of the College, when its "interests" were threatened by reform. He is a proficient in the game of "black-balling" whenever an obnoxious character is to be excluded or an unruly licentiate is to be chastised. He has a solemn conviction that no appointment to the surgeoncy of *Steevn's Hospital* should be regulated by a consideration of the talents of the candidate, or by a sense of propriety and disinterestedness of feeling. He firmly believes that no colleague would, even to make Mr. KIRBY a professor in the College, or to shut up the Peter-street School, violate his official veracity; and he as firmly maintains that the funds of the College were

* A Mr. MURPHY, of the Lying-In Hospital, has been named to us as a good specimen of this class of gentlemen, and as one who has paid very great attention to the obstetric branch of the profession.

never more rationally expended than on the anti-reform deputations to London. In fine, he is a true believer in the complex creed of the College school, and is qualified to fill the vacant chair by the possession of a license to practise midwifery, obtained two years ago! There will be other candidates, men of extensive practice and approved teachers, but that does not affect Mr. BEATTIE's case. The College has to decide, and Mr. BEATTIE possesses precisely those claims on its favour, which excite the sympathies and enlist the suffrages of a medical corporation. He appears, indeed, to have had some presentiment of this kind himself. He was, we believe, one of the "Doctors" of the *Bagnigge-street Hospital*, but perceiving the turn which the tide of affairs was likely to take on that coast and on the College shores, he "sold out"; and opened a "maternity" shop in Frederick street, on "his own account." This may have been merely coincidental with the resignation of Mr. JOHNSTON; but the simultaneousness of the movements looks like design. A distant expectation that the maternity house and the College professorship would be mutual acquisitions,—necessary to each other,—was not unreasonable. We are informed that there is some intention of disturbing these arrangements by the discussion of a question of which notice was given by Dr. EVANSON at a former meeting of the College, relative to the institution of "Probationary Lectures" in the College, previous to the appointment of Professors. But will Dr. EVANSON precipitate its discussion by calling special meetings for the purpose, to the prejudice of one who belongs to the party with whom Dr. EVANSON invariably acts, and will the members of the College sanction a motion which leads to a real reform? We doubt both events, but, in charity, suspend a further expression of opinion on the subject, until facts shall render all speculation unnecessary.

IN THE LANCET of January the 3rd, we noticed, very briefly, an inquiry which had been instituted by certain parties connected with the College of Surgeons, relative to the distribution of subjects for dissection to the schools of anatomy and their alleged scarcity. The *professed* object of the inquiry was to confer benefit on the medical schools, by providing the students with adequate materials for cultivating the chief branch of the science of medicine. The *real* object of the inquiry was, to vilify the character of the inspector, Dr. SOMERVILLE, and to secure to the schools connected with the chief hospitals, an absolute monopoly of the subjects.

If the readers of this Journal were in the habit of wasting their time in reading the trashy and malignant journal called the "Medical Gazette," they would know that attempts have repeatedly been made to prove that the Inspector of Anatomy had uniformly favoured the school of the London University, to the great prejudice of the other establishments,—a charge which was repeated, in terms equally unequivocal, in the more respectable columns of the *Morning Post*.

The labours of the impartial investigators having terminated, a report of their proceedings has, we understand, been forwarded to the Home Office, and in consequence of the facts contained in this Report, the conductor of the "Medical Gazette" has been directed by his masters to eat up his accusations against the Inspector of Anatomy in the following words:—

"ANATOMY.—We understand that a report has been made to the Home Office by those members of the Council of the College of Surgeons who undertook to inquire into the causes of the late scarcity in the supply of subjects for anatomical purposes. The report is said to be highly favourable to the Inspector, and to recommend that matters should remain much on the same footing as heretofore; any direct or official interference with the

parish authorities being thought likely to do harm. It would appear that the chief difficulties have originated in the actual decrease of deaths during the last three months of 1834, and the mutual jealousies of each other among the teachers."—Jan. 26th.

With respect to the concluding sentence of this degrading confession, we may observe that if it be true that there has been a decrease of deaths in the quarter ending the 1st of January 1834 over the corresponding quarters of 1832 and 1833, it is equally true that more subjects have been supplied to the schools during the last quarter than in corresponding quarters of the two previous years. The impartiality of the distribution, and the consequent aid to the medical department of the London University and the private schools, are the real cause of annoyance to the rapacious BATS.

THE London papers of Thursday contain an account of the "destruction of the Sheffield Medical School," and all its furniture, on Monday last, by an assemblage of persons whose feelings had been excited by some cause against the establishment. The particulars are derived from the *Sheffield Iris*, but they are most imperfect and unsatisfactory, and we refrain, therefore, from transferring them to our columns. The report states that the riot began in drunkenness, was fanned by the diffusion of "foolish accounts of what the first persons saw who broke into the school," was momentarily checked by the police, revived next day, extended to the complete destruction of the building by fire, rendered the aid of a party of soldiers necessary in the town, and was not finally subdued until an attack had also been made on a house in Surrey-street, called the "Medical Hall." The disturbance appears to have been a very wrathful and serious one. An explicit account and explanation of the exciting cause of the riot will doubtless be made public in a day or two.

SIR HENRY HALFORD'S GRAND DINNER AND TEA PARTY.

THIS worthy Baronet and chief Fellow of the College of Physicians, gave his annual grand dinner, preparatory to the periodical conversaziones at the Royal College, on Monday last, the 26th inst., at his mansion in Curzon-street, and on that occasion had the gratification of entertaining the illustrious ARTHUR, Duke of WELLINGTON, the Right Rev. Father in God the ARCHBISHOP of CANTERBURY, the Bishop of LONDON, the Lord High CHANCELLOR of England, the PRIME MINISTER of Great Britain and Ireland, several judges of the realm, and many other distinguished guests.

The Duke of WELLINGTON arrived in his state carriage precisely at seven o'clock, and was soon followed by the other illustrious personages. A most sumptuous and elegant entertainment was prepared in the banqueting room, which was richly decorated for the occasion.

The health of her Most Gracious Majesty was drunk, as the first toast, with rapturous applause.

Sir HENRY then proposed "the health of the great Captain of the age, the Duke of Wellington, and may he long live to enjoy the innumerable honours which this great nation has heaped upon him, and to continue to bless the country with his councils."

The DUKE rose amidst deafening cheers, and returned thanks for the compliment Sir Henry had paid him. He was happy to take this opportunity of expressing his satisfaction at seeing the heads of the medical profession represented by so accomplished and so talented a physician as the worthy baronet. He had himself benefited from Sir Henry's abilities in more ways than one, and he considered Sir Henry's powers to be as useful in the cabinet, as in the sick room. He had heard a great deal too much lately about *Reform*, and if he was to judge of the state of the medical profession from the sumptuous dinner and the delicious wines on this table, he would venture to give it as his opinion, with all due deference to Sir Henry's superior knowledge, that the medical profession wanted no reform. He now intended to propose "The health of the President of the Royal College of Physicians, and may he never require any other medicine than such as he has administered to his guests on this occasion."

Sir HENRY returned thanks. His illustrious friend, the Duke, had said so much in his praise, and with such excellent

good-nature, that he could not find words adequate to express the gratitude and pride which now overwhelmed him. I am confident (he continued) that there never was a physician encircled as I am now by so many illustrious and distinguished personages. As my avowed object is to give *eclat* to the Royal College of Physicians, I conceived there was no more effectual mode of securing your attendance at the conversazione this evening than that of giving you all a good dinner and a moderate allowance of wine; for it would be indecorous, particularly in my holy friends, to appear before all the tagrag and bobtail whom you will meet this evening, tinctured with the juice of the grape. Much as I appreciate the compliment which the Duke of Wellington has paid to my dinner and wines, he must not conclude that all the members of our College can afford to give such entertainments, and that the medical profession requires no reform. On the contrary, the parliamentary inquiry has indisputably shown that great abuses exist in our medical corporations; I rejoice, however, to think that from the happy change which has taken place in his Majesty's Councils, these abuses will be corrected by the pruning knife of the judicious Conservative now at the head of the Government. But I think it proper to state that our College is now busily employed in correcting its own abuses, so that I hope it will, at all events for a time, escape the ravages of a parcel of infuriated reformers. When you have done with the wine we shall proceed to Pall Mall East, where I will call your attention to, and will entertain the numerous meeting with, some curious and strange cases, and I am happy to have another opportunity of relating to you a *royal* case, which will give great importance to the meeting; I mean that of our dearly-beloved friend whom you all well knew, and whose talents and virtues you respected as much as I did,—William Duke of Gloucester, first cousin of our most gracious Sovereign, King William the Fourth. On a former occasion, when those public robbers the Whig ministers (*Great cheering, especially from Lord Abinger*) were brought by me to the annual party at the College,—but you will not see one of them there to-night,—I say, my Lords, on a former occasion, I spoke of the illness and death of the illustrious of ancient times. I shall now read a paper on the last days of royal and great men of modern years; and as nothing is more healthful and delightful after dinner than a *siesta*, and as I can hardly expect that you, my noble and reverend guests, will be able to abstain from that indulgence at the College, especially amidst the beetle hum of approbating voices, (my Lord Brougham slept soundly, when he had the honour of sitting at my right hand at the College,) I design to follow a royal example, and now detail to the cabinet an outline of the subjects which I shall broach this evening. (*Applause.*) I shall begin with the illustrious monarch Henry the Eighth, who was a great beauty, in proof of which I shall refer the visitors to the portrait of that royal personage in Windsor Castle, painted by Holbein. I am only sorry that I did not order it to be sent here for your inspection to-day. I shall dwell emphatically on the great delight which this monarch took in physicking the lieges. He was continually employed in concocting decoctions, tisans, unguents, catholicons, boluses, injections, plasters, blisters, and other medicinal remedies, and he took the greatest pleasure in posing the physicians of his time with puzzling questions. Not in joke, my lords. On the contrary, his confidence in medicine was quite unbounded, as that of all royal and other great personages should be, when accomplished physicians are admitted to their palaces and courts. He died of dropsy—water in the tissues, my lords,—an ill compliment, though, to the wine-purveyor of his Majesty. Then I shall go to Cardinal Wolsey. He was a great man, a very great man, though he played his cards ill at last; and I fear that as he lost the royal favour in this world, he does not fill a cardinal's place in the next. I shall greatly eulogize him, however, as all high church dignitaries deserve. The cardinal, too, had a great itching for physic, and seems to have been well skilled in the inferences to be found in critical days. (" *Hear*," " *hear*," *from the Prime Minister.*) His death at such a period of life was undoubtedly produced by mental anguish in consequence of his disgrace with his sovereign. He was most anxious to exonerate himself from the charges brought against him, and, probably, half-starved himself,—a rare and improper end, my lords (" *Hear*," " *hear*," *from the bishops*), for so affluent and excellent a cardinal. He prophesied the period of his own death eight days before it occurred, when labouring under a severe flux, which, with acute prognosis, he estimated to end fatally in that time. From this holy churchman I shall advance to Edward the Sixth, who was a miracle of precocious talent and benevolent disposition, and whose intellectuality was, undoubtedly, so remarkably developed by the sufferings he underwent. The Royal William and Mary will form topics of my discourse. The one

died of diarrhœa and the other of *small-pox*, notwithstanding the impression that there is nothing small amongst the great. I shall speak of his Majesty with high eulogy, and say of the Queen that she was the most learned and amiable princess of her day. I cannot, at this epoch in my paper, avoid defending Dr. Radcliffe from the insinuation of Bishop Burnett, that he deserved censure for his treatment of the Princess Mary. I venture to think that the Bishop took too great a liberty with Dr. Radcliffe on this occasion. I have the highest esteem for the memory of that learned divine, as every one must have who possesses any piety, but on the whole I certainly consider, with all due deference to my reverend guests who are present, that the pious bishop, like the cobbler in his judgment of Apelles' picture, went *ultra crepidam*. (*A smile from the Archbishop.*) The death of Cromwell will form a point for me, but of him I shall mention, in this aristocratic party, little of what I have to say, reserving for a more appropriate assembly,—the mob this evening, —the remarks which his departure for a nameless region will demand. To Charles the Second I shall revert, and show the light which medicine has power to throw on an anomaly in his death. The pious persons around his couch professed to wonder at the indifference to his end which that royal personage exhibited on his death-bed, considering the rate at which he lived. This was ill-timed, for the king, my lords, was labouring under extreme symptoms of apoplexy. I shall casually revert to the death of Dean Swift, and speak of his insanity. It will afford me an opportunity of making an apology for some of his eccentricities, and for urging on my hearers the charitable indulgence of those whims, oddities, and irritabilities, of such persons as the dean, when labouring under certain nervous affections. Then the apoplectic stroke in the water-closet, of that great King George the First, and a few words, *passim*, on the illness of George the Second will follow, arriving at last at the death of George the Third, of pious but defective memory. I shall shed tears as I allude to that excellent and venerable monarch, and give an anecdote of his dying moments. His last lucid act was that of writing a letter to his dear daughter the Princess Amelia, a charming woman. On the very eve of his deplored dissolution he did it. He folded up the letter with his own hands, and delivered it into mine with the grace of a true king, to present to the excellent princess. (*Tears.*) Over my late ever-to-be-lamented and most gracious friend and monarch George the Fourth I shall skip, for of that estimable monarch I have already said all that I could think of, and I shall relate many and very interesting and instructive eulogistic anecdotes of the Royal Gloucester, as I before informed you. He was a very pious, brave, benevolent, afflicted man, and is now gone after his royal relations. Allow me now to give "the Archbishop and the Church." I do not include the Church of Scotland.

On returning thanks, his Holiness did not conceive it to be inconsistent with his calling to come forward on this occasion, and join this festive board, because it was not for the purpose of indulging in the animal gratification which the rich viands and the costly wines of their distinguished host might afford him, but with the pure intention of giving his countenance to one of the most venerable and ancient institutions which adorned the realm, and which, were it once shaken, would hasten the destruction of that legitimate system of practising the most noble and humane of professions, which has been approved of from time immemorial. I consider it (his grace added) as a blessing to the society in which we live, that the medical profession should be headed by a physician of such a highly gifted mind as our host. His profound classical learning, his deep philosophical research, his immense skill in the treatment of disease—and, what is to be appreciated above all, his high moral endowments, his kindness of heart, and his charity to all mankind, are well known.

Sir Robert Peel's health was next drunk in a bumper, and in returning thanks to the learned host, Sir Robert expressed his determination to give to the report and recommendations of the medical committee, of which he had the honour to be a member, (the result of their zealous investigation into the state of the medical profession,) his best attention. In fact, as he had expressed in his public manifesto, his Majesty's government were quite prepared to correct all real and *acknowledged* abuses.

Mr. Goulburn, on his health being drunk, re-echoed the sentiments of the premier as to the propriety of a thorough reformation of the medical laws; and declared his determination not to allow the question to partake of any party spirit, but to use his best endeavours to promote the well-being of a profession in which all were deeply interested. (*Applause.*)

As the hour of adjournment to the great room had now arrived, Sir Charles Manners Sutton, the Speaker of the House of Commons, proposed that, with the permission of Sir Henry, the present com-

pany should begin to move. Accordingly, Sir Henry, attended by his illustrious visitors, all delighted with the dinner, and most of them (the bishops not excepted) just a little exhilarated by the generous wine so judiciously circulated by the prudent Baronet, left Curzon-street in separate carriages, and proceeded to that wing of the mansion which is situated in Pall Mall East, where all arrived soon after nine o'clock, except the Duke of WELLINGTON, whose coachman turned his horses' heads towards Apsley House, the first moment he could slip out of the line. The rest has been reported in the newspapers; but we may briefly state, that as five thousand cards of invitation had been issued to tea drinkers, a vast crowd had assembled. The paper was read, and the party all departed by eleven o'clock.

CHRIST'S HOSPITAL.

LETTER FROM MR. PLUMBE.

To the Editor of THE LANCET.

SIR,—The unexpectedly kind, and, I fear, undeserved manner in which you have spoken of me in last week's LANCET, claims at least my gratitude, and I beg to thank you. I am sorry, however, to say that any hopes of my being in future of use in Christ's Hospital are at an end. It is true that the boys' system of *diet* has been so thoroughly reformed as to leave nothing to be desired by a prudent parent, but it is likewise true that nothing new, as regards the surgical treatment, with a view to the cure of *ring-worm* on the boys' heads, has been attempted. The almoners have consigned the future management of the disease to Mr. Lawrence, Mr. Lloyd, and Mr. Stanley, with a *carte blanche* to direct any measures of quarantine or cure they may think necessary.

Mr. Lawrence, in a document dated May 15, 1829, declared that no alteration of the diet of the boys was necessary *unless it could be made with convenience*; and Mr. Lloyd, even up to the eleventh hour and forty-ninth minute of the investigation by the special committee, declared that the diet was the *best* possible, and entirely free from objection, and that it had nothing whatever to do with the disease. Yet the committee of almoners have given such attention to the report of the special committee and the recommendation of your humble servant, as to have made *all* those alterations in diet which Messrs. Lawrence and Lloyd declared to be *unnecessary*. Messrs. Lawrence and Lloyd, it appears, are now (in conjunction with Mr. Stanley, who has, perhaps, fortunately for himself, never yet dealt with the ring-worm of Christ's hospital) in commission to *eradicate* the disease without further delay.

Although my utility in the matter is thus at an end, it will be a pleasure to me to afford you from time to time information as to how the cure "progresses." I am, sir, obediently yours.

SAMUEL PLUMBE.

14, Southampton-street.
Jan. 24, 1835.

CHRIST'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—As a great admirer of your independent Journal, being convinced that it has done much good to the medical profession, I take the liberty of correcting a few errors* in your able article on *Christ's Hospital*, in last week's Number. I wish not to extenuate the faults in the management of that institution, and the want of sound judgment exercised by its directors; and *you*, I am sure, would nought set down in malice. I should hope you have exaggerated the statement of the number of diseased children, when you estimate them at 391, though I understood that in 1829 the number was very great. A governor told me that the seven, whom you notice as having been reported on by Sir W. Curtis in 1830, were under treatment in 1829; and Mr. Lloyd said that out of the 134 then under cure, "he did not consider that the malady of any of them was likely to be of long continuance." The boy Williams I believe is still *under treatment*, but "no doubt is entertained that he will be cured one of these days, and the disease *eradicated*." This boy, I understand, *leaves the school this next summer*.

As regards Hertford, a new surgeon has been sent down, recommended by Mr. Lawrence. Some think an older practitioner ought to have been selected, as the young man who has received the appointment only passed the College of Surgeons I am told in 1831. But, as you justly observe, why should the director, or rather the treasurer, always go to *St. Bartholomew's Hospital* for medical men? It is true they say that this young man is only

* Our statement of the number of children under the heads quoted from the Almoners' Report, inserted in the last LANCET, was strictly accurate. The income of the hospital, it appears, is not £50,000, but £45,000 a year.—ED. L.

appointed *pro tempore*. But we always find that these "pro-tempore" gentlemen obtain, very naturally, a preference, when an election takes place. Abernethy introduced Lloyd to assist him before he resigned, and it is a well-known fact that Mr. Lloyd obtained his appointment through the interest of his patron, the head of Charterhouse, and the director of *Christ's Hospital*. A governor of *St. Bartholomew's* informed me, that a certain clique (consisting of families of the names of Poynder, Wilby, and Wix) govern in all the royal hospitals of London, and if you look to the lists of the directors and auditors of those institutions, you will find these names in all of them, and that the treasurers of each are *auditors of all!* As you are now in Parliament, I hope you will lend your aid to lay open the proceedings of these "charter-mongers," as you call them, though they say that they are *above the law*, – that *custom* governs them.

It is thought that the octogenerian apothecary would have resigned, could he have secured the office for his son, but on canvassing for that purpose he found that these "hereditary successions" would not be tolerated in the present reformed times. The apothecary has given up his country house, and now resides within the walls.

You rate the annual income of this institution at 50,000*l.*; it was once, I am told, between 60 and 70,000*l.*, but now is not above 45,000*l.*, though it might be made more of. Too much is paid in salaries, and the counting-house costs about 2000*l.* a year. You are right in your observations as to the use of a large body of almoners; but an alteration is taking place; they wisely see that something must be yielded, and they propose to add some new almoners every year. From a governor I learn that it was asserted in court, that ring-worm of late years had prevailed in England to a great extent, both in public institutions and in private families. Will you have the kindness to tell me if this is true? It was stated as a reason why Mr. Lloyd had not yet "eradicated" it. I am, Sir, your obedient servant, A WELL-WISHER TO CHRIST'S HOSPITAL.

January 26th, 1835.

P. S. It is said that Mr. Plumbe, of whom you speak, wrote to the treasurer, at the request of some of the governors, tendering his gratuitous services; but the fact I believe is, that those governors would have gladly saved to the institution the expense of Mr. Plumbe's fees, from a conviction that the result would be the *actual* and not the seven-years-promised "eradication" of the disease.

CORRESPONDENTS.

The communications of *Dr. Harrison*, *Dr. Reid*, *Mr. Richards*, *Mr. Baker*, *Mr. Aulsebrook*, *Dr. Clanny*, *Mr. W. Wray*, *Mr. Maunder*, *Mr. Burt*, *Mr. C. Elliott*, *Mr. James Stevens*, *Dr. Rumley*, and numerous other correspondents, have reached us, and next week each of them shall respectively receive notice in our columns.

Another letter respecting Christ's Hospital is unavoidably omitted this week.

A Country Bookseller. Had the name and address been forwarded, there would have been no difficulty. The concluding portion of the lectures of Professor GRANT, together with the Index of the last volume, will accompany THE LANCET of next week.

G. F. W., *H.*, *J. S.*, and *Medicus*. No such act was passed. Medical men are compelled by law to attend inquests on the summons of the coroner, but they cannot be made to institute an examination of a body, *post-mortem*, without the payment of a fee. The coroner, however, has no fund out of which he can defray the expense of important medical services. Such is the disgraceful state of medical law.

BOOKS RECEIVED.

A Series of Anatomical Plates, in Lithography, with References and Physiological Comments, illustrating the Structure of the different Parts of the Human Body. Edited by Jones Quain, M.D., Prof. of Anat. and Phys. in the Univ. of London. Taylor. Parts to Fasciculus 22, published Jan. 14th, 1835.

Ossa Humana; or, the Bones of the Human Body, drawn from Nature. By R. B. Cumming, Pupil of St. George's Hospital. London, Sustenance.

A Practical Treatise on Diseases of the Joints. By W. J. Wickham, Surg. to the County Hosp., Winchester. London, Highley. 1833. 8vo, pp. 178.

The British Medical Almanack, 1835, containing the usual Information of Almanacks, a Medical Bibliography, Dates, Tables, Notices respecting Climate, Seasons, Winds, &c. List of British, Irish, and French Medical Institutions and Schools, Medical Official Appointments, &c. &c. To be continued annually. London. Sherwood. pp. 112.

Ephemeriden der Natuurkundige Wetenschappen. Nos to Oct. 1834. S. Gravenhage, Bij A.P. Van Langenhuysen.